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THE

MEDICAL NEWS,

MDCCCXLIII.

VOL. I.

PHILADELPHIA:
LEA AND BLANCHARD.
1843.

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THE

MEDICAL NEWS

AND

LIBRARY.

VOL. I. JANUARY, 1843. No. 1.

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PROSPECTUS.

THE numerous applications for the Medical Intelligencer, from Physicians in every part of the country, and the general approbation it has received, have induced the publishers to believe that its more frequent publication, with an enlargement of its plan, would render it still more acceptable to the profession. They have therefore determined to issue it in future MONTHLY, under the title of MEDICAL NEWS AND LIBRARY, and that it shall contain, in addition to Miscellaneous Medical Intelligence, reports of Clinical Lectures, accounts of the different Medical Schools and Hospitals, with notices of cases and operations in those Institutions, and various other matters of interest to practitioners. The numerous medical delusions of the day, and the devices resorted to by charlatans to delude the public, will receive due attention and be fully exposed. Quackery never assumed a more audacious front, or appeared in more guises than at present; and with the aid of the powerful auxiliaries it has enlisted, seems likely to overshadow the whole country, unless proper efforts are made to arrest it, and medical men are furnished with the means of refuting the numerous falsehoods and absurdities daily

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, payable in advance.

This number contains one sheet, and will pay newspaper postage.

VOL. I.—1.

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propagated, and which obtain credence mainly because the truth in regard to them is never made known.

The scope of this periodical, it will be perceived, is entirely different from that of the *American Journal of the Medical Sciences*. The latter contains the mature reflections and the carefully digested results of the practical experience of the best minds in the profession. The former will be devoted to lighter medical literature. It will record discoveries as they are made, and passing events as they occur, furnishing thus the materials which only after being sifted, compared, verified and digested, become fit for the dignified quarterly. The large number of journals received by the editor will furnish ample materials of such a description, and much that is extremely interesting, but which would not find its way to the profession through existing sources of intelligence, will be submitted through this.

A STUDENT'S LIBRARY was some time since announced as in preparation, and the publishers will now issue it in conjunction with the Medical News. The Library will comprise a series of Lectures on the principal branches of medical science, and will constitute a complete library for the student, and a useful work for reference to the practitioner.

The very full and admirable course of LECTURES ON THE PRINCIPLES AND PRACTICE OF MEDICINE, lately delivered by Professor WATSON, of King's College, London, will be the first of the series. These Lectures will have their separate paging, and will, when complete, form a volume that may be bound by the subscriber.

To conform to this extension of its plan, the title of MEDICAL NEWS AND LIBRARY has been adopted, and a specimen number is herewith submitted.

TERMS.

THE MEDICAL NEWS AND LIBRARY will be issued on the first of every month, in an octavo form, like the specimen submitted, embracing about THREE HUNDRED PAGES PER ANNUM.

The price to Subscribers will be only ONE DOLLAR A YEAR. As this will be the *cheapest* periodical of its kind in the Union, the amount is payable IN ALL CASES IN ADVANCE, and in money current in Philadelphia. SIX COPIES furnished for FIVE DOLLARS, or THE MEDICAL NEWS and AMERICAN MEDICAL JOURNAL will be furnished for FIVE DOLLARS. As all Postmasters are at liberty to order, and frank remittances for Periodicals, orders and remittances can and should be sent free of postage.

The small amount of money asked for, and the large amount of matter to be given, induces the publishers to hope the profession will aid in extending the circulation of this publication. This can readily be done by the physicians in a neighbourhood clubbing together and remitting for SIX COPIES, or forwarding Ten Dollars for TWO copies of the AMERICAN MEDICAL JOURNAL and THREE of the NEWS, which will be sent for that sum when remitted in advance, and in current funds.

The attention of *Medical Societies*, *Postmasters*, *News Agents*, and others, is directed to the dissemination of this work. The first number will be sent to any persons as a specimen, who will, free of expense, furnish their names.

Orders should be addressed to the publishers or any of the agents for the American Medical Journal. See Prospectus of THE AMERICAN JOURNAL OF MEDICAL SCIENCES on the last page of this number.

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CLINICS.

PHILADELPHIA HOSPITAL, BLOCKLEY.

Clinical Lecture on the Diagnosis between Functional and Organic Diseases of the Heart, founded chiefly on the general symptoms. By W. W. Gerhard, M. D., Lecturer on Clinical Medicine in the University of Pennsylvania, and one of the Physicians to the Philadelphia Hospital, Blockley.

Richard Stephenson, aged 23, black, stout and muscular, was first taken sick on Thursday, Nov. 22d, with rheumatic pains, apparently unattended with fever, and not obliging him to quit his work.

Nov. 28th, entered the wards of the hospital; cups No. vi. applied over heart.

Nov. 29th. Complains of pains in his chest; those in the limbs nearly ceased; pulse 90, fuller than natural, no heat of skin, respiration little if at all accelerated, tongue has a white coat, bowels regular; the pains in the chest referred chiefly to the cardiac region, the "stitch" of left side near the nipple preventing him from taking a full inspiration. Percussion on this day and on the following is flat from the second rib to the base of the chest; and from near the right side of sternum to half an inch beyond the left nipple, this space also slightly protuberant, no respiration heard within it, sounds of heart distinct, and in other respects not altered. Venesect. f. ℥xv.

Nov. 30. The blood drawn presented a firm coagulum, and only moderately buffed; ordered ten drops of digitalis three times a day, and one drachm of nitre in solution during the day.

On the 1st and 2d Dec. the pain almost disappeared; patient feels strong, and left his bed without permission. The cups repeated, and the other treatment continued.

On the 3d, the dulness of percussion much less, pulse regular, tolerably full, and nearly as before in frequency.

On the 4th, pulse 92, without other change; respiration 26, very equable, tongue coated in the centre, diminution in dulness of percussion; cups No. vi. applied to the side; other treatment continued.

On the 5th, pulse 100, and soft; respiration 34; pain felt in neck and shoulders; impulsion of heart much increased; second sound almost absent; slight creaking sound heard at the base of the heart, and at times near the apex; bellows sound in the systole; treatment continued.

Dec. 6th. Pulse 98; respiration 26; impulsion of heart still very great; other sounds as before, with less friction sound; venesection.

Dec. 7th and 8th. Feels better; no uncomfortable sensations; pulse 96; respiration 26.

Dec. 9th. Pulse 120, regular, and of good volume; less flatness in pericordial region, which is clear half an inch lower than before, not dull beyond the nipple; no creaking; continue treatment.

Dec. 10th and 11th. Pulse 96; respiration 36 and 24; second sound of heart heard more distinctly; less bellows sound; complains of no pain except a rheumatic feeling in the arm.

Dec. 12th. Complains of giddiness, apparently from the digitalis; pulse 88; impulsion of heart still stronger than natural; extent of dulness as at last day: sounds of heart less loud; the first still roughened and the second more clear; discontinue tincture digitalis; take half a grain of the powder with half a grain of calomel three times a day.

Dec. 13th. No giddiness; pulse 80, nearly natural; slept well, and continues to improve.

Dec. 14th. Feels so well, that without permission walked down to lecture room, descending a long flight of stairs besides walking 200 feet.

This was from the first a very pure case of pericarditis, and attended as such cases often are with so little uneasiness, that the patient did not at first give up his laborious employment of boatman.

Throughout the whole course of the disease the rational signs were limited to the pain, which soon subsided; and as there was so little disturbance of the general functions of the patient and so little inflammation of the endocardium, the treatment was less active than it otherwise would have been, and was limited to the general and local bleeding, with the moderate use of digitalis. As soon as the disease seemed to show a tendency to become protracted, calomel was added with the intention of increasing it if necessary to produce moderate ptyalism.

It is to be noticed that the patient in a few days felt so well, that it was impossible

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to confine him to bed except by removing his clothes beyond his reach. Examples of this kind constitute the majority of cases of simple pericarditis, many of them remaining latent except with the assistance of physical exploration. Mild as they seem to be during their course, they require constant attention until the recovery of the patient is complete, and the action of his heart restored as nearly as possible to the natural standard. The quantity of blood drawn would have been much greater, had the uneasiness of the patient been considerable; but in cases like these, in which the general symptoms are so moderate, it is generally advisable to resort to venesection as an adjuvant to repeated cupping, followed by blisters, towards the close of the disease, and the continued administration of digitalis and mercurials. The expectant practice would not of course have been justifiable, but it is very probable if the patient had been left entirely to himself, he would have recovered from the immediate effects of the disease, though perhaps might have suffered from its after-consequences in the form of some affection of the heart. An interesting case, very similar to that now under consideration, both as regards the symptoms and treatment, was described in the Medical Examiner for the year 1838. The individual is still employed in some of the working wards, and is in the enjoyment of perfect health, with no symptom of cardiac disease.

The organic diseases of the heart which we have lately had an opportunity of studying, both chronic alterations of structure, and acute inflammatory affections of the internal and external membranes from which they so frequently arise, are, as you well know, readily enough recognised by the physical signs combined with the general symptoms. When these are associated, they give to cardiac affections about as much precision as to any other class of disorders. But, as those who are most conversant with heart affections are necessarily familiar with the physical signs and in the habit of practising this method of exploration, they are tempted to lay the most stress upon them, so that practitioners, who have less opportunities of observing large groups of these diseases, sometimes complain that their means of diagnosis are not enhanced in proportion to the investigations which have been lately made upon so large a scale.

It might be urged that every one is bound to make himself acquainted with all the methods of improved diagnosis—this is no doubt true—but we know that in reality few do so. Many practitioners are very imperfectly acquainted with physical exploration, and the large majority know it only to such an extent as will serve them as an important aid to the general symptoms, yet in a subordinate capacity, as the assistant, not as the principal.

I think it therefore important to you, especially to those of you who are obliged from the necessity of the case to rely mainly upon the general symptoms, with which you are most familiar, to learn that method of diagnosis which is based principally upon them, using the physical signs to confirm or modify your opinions. Such of you as are able to acquire a more thorough knowledge will, of course, resort to either of these methods of investigation according to the importance they may respectively bear.

The following rules will serve you as a guide in your researches:

1. In diseases of the heart proper, the individual can generally date the commencement of his disease from some definite period when he is taken with pain or uneasiness of the heart. This is generally accompanied with rheumatic fever suddenly coming on, and of a severe form, or it begins in connection with acute inflammation of the lungs or pleura. Either of these disorders must be severe enough to attract the notice of the patient unless his sensibilities be exceedingly obtuse, and will enable him to give a precise date to the affection. You will thus readily enough believe that Stephenson whom you have lately seen labouring under pericarditis will scarcely forget the prominent symptoms of his illness. This is not however always the case. In many instances the pain and dyspnœa are less considerable, and you will have more trouble in fixing the date of the commencement of the symptoms. In other cases, especially of dilatation of the heart, the patient refers his first uneasiness to a sudden strain, as a violent muscular effort, in lifting a heavy body. In a fourth class of patients, of full and plethoric habit, the disease is developed more slowly, but it comes on with a gradually increasing sensation of fulness, or as they often express it, a stuffing in the breast, lasting sometimes for several years, before any severe symptoms

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occur. This class of patients become much more indisposed should they suffer from rheumatism, even of a sub-acute kind.

These modes do not include all those in which organic diseases of the heart commence. Sometimes you cannot trace them at all; they begin slowly and gradually, but increase sensibly and with some degree of irregularity; and it requires a practised observer to say at what period the heart first becomes really altered in structure. My object is to lay down only the principal modes of origin, for too great minuteness of detail would probably only lead you into error. It requires a nicety of diagnosis which must be acquired by your after-experience.

2. When you are called to a patient labouring under chronic organic disease of the heart, he usually complains of the following symptoms:—The sensation of fulness or stricture across the chest, especially on sudden exercise or violent emotion. The same result follows after a meal of indigestible food. Palpitation is usually complained of, but you will generally find that the patient uses the term throbbing or beating instead of palpitation, which is more commonly applied to that sharper and jerking movement occurring in functional disorders. Very frequently he has slight cough, almost always dry, and often attended with wheezing; in other words, dependent upon dry catarrh, that is a congestion of the bronchial tubes, which is similar to that occurring in other mucous membranes. The face of the patient in the earlier stage of the disease is generally full and florid, sometimes even of almost a purple tint, and he often complains of headach or vertigo, which in many individuals is relieved by occasional epistaxis. Disorders of the digestive system are in the earlier stages slight, irregular, and often absent. They are most frequent after a full meal of substances which are stimulating and of slow digestion. There is little positive pain except in some cases of acute inflammation or functional disorder which may happen to be engrafted upon it. If the disease be more advanced, there is usually some very obvious symptom in addition to those already mentioned, such as anasarca, especially of the face, and in some cases complicated with effusion into the serous cavities, blueness of the face and extremities, and if the right side of the heart be much affected, turgescence and even pulsation of the veins of the neck, together with intense throbbing, and very often a thrilling or churning movement easily felt by placing the hand on the heart. Exercise becomes gradually difficult, especially if it be violent, and at last is out of the question when anasarca supervenes. You must remember, in laying great stress on the dropsy as a symptom, that anasarca may also arise from other causes, especially diseased kidneys. But in these cases the complexion is very different, and the characteristic changes in the urine are generally so well marked that you have little difficulty in discriminating them, excepting when the two affections are combined. You can then make only an approximative diagnosis without the physical signs, which can alone teach you the relative influence of the two diseases.

In *functional* diseases of the heart the mode of origin is very different. They usually follow some morbid condition of the nervous system, such as spinal irritation or some affection allied to hysteria, or at least occur in a person of nervous temperament. This may occur in individuals of considerable embonpoint, or even muscular development, but then you will find in their manner or in their conversation some evidences of an extreme susceptibility of character or temper, such as a restless apprehensive disposition, &c. Nervous disorders will also follow anemia, whether occurring as a consequence of malarious fevers, or from other causes. Thus these affections are extremely frequent wherever intermittent diseases prevail. Certain articles of luxury, such as the excessive use of tobacco, or of tea or coffee, the term excess being here altogether relative, will occasion a functional disease of the heart. Venereal indulgence, above all of an unnatural kind, is a very powerful and often unsuspected cause of this affection in both sexes. We may add to this list, disorders of the stomach, especially those varieties of dyspepsia attended with flatulence. In such cases, the attention of the patient is diverted to the more troublesome symptoms connected with the heart. Most of these causes are those you see which diminish power; they stimulate irregularly, but do not permanently produce an excess of nutrition, or even congestion, of the vascular system, the very reverse of what obtains in organic affections. The list of causes of functional as well as of organic disease might be much extended, but the same want of distinctness which would attend an over-refinement in this respect obliges me to leave

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their further study to your enlarged observation as the cases present themselves during this course.

The symptoms of functional disease generally differ not a little from those of organic. The patient usually complains of palpitation instead of oppression and dyspnœa; he is excited by mental disturbances or by sudden bodily efforts much more than by continued physical exertion. Palpitations are often accompanied with irregularity of action of heart, which also sometimes appears without them when the patient is quiet in bed, so that his sleep is often disturbed. Pain is also a frequent symptom, and in most cases limited to the heart itself, or to a small point near the apex of the organ, shooting at times to the spine or following nearly the course of the intercostal nerves. These symptoms are sometimes connected with difficulty of breathing, but there is then less flushing of the face, less congestion of the capillary circulation. If the face become flushed, the colour is brighter, and disappears more quickly. The distinction between palpitation and the throbbing of organic disease becomes the more obvious if the hand be laid upon the præcordial region; however quick the impulse may be, the momentum is only moderate. The symptoms are almost always exaggerated by the patient; his attention is absorbed by them in a much greater degree than by the graver disturbance of organic disease, his nervous system being in a highly excitable state, rendering his sensibilities much more acute; and should the disease be somewhat protracted, you will find no class of patients more troublesome or really greater sufferers.

You perceive, therefore, that the general grouping of the symptoms is different in the two forms of disease, and that their nature, although somewhat similar, is not precisely identical. There is a much graver and deeper impediment to the respiration and circulation in the organic disease, and generally more uneasiness to the patient in the functional. You should also attend to the different modes of origin and to the predominance of the nervous temperament in one class of patients, and of the sanguine in the other; and the greater proportion of functional cases will be found among persons of a feeble frame of body than of organic disorders, which, in their earlier stages at least, commonly attack the vigorous and robust. You should not, however, lay too much stress upon differences of constitution, as it is a test of secondary importance, and not a safe guide. The physcian frequently errs in his diagnosis, from regarding, like the patient, the uneasiness as a sufficient test of the danger of the symptoms. The negative information which the patient will obtain from your assurance that he is not labouring under positive heart disease, will then be a great step gained towards the cure; and even when you are convinced that there is an organic affection, although not authorized to deceive the patient, you should take care not to give him a false impression by a general statement that he is labouring under heart disease. These words are associated in his mind exclusively with the gravest forms, and you must so explain your meaning that he should not himself get an impression which you do not mean to convey. Neither if you are in doubt should you express a confident opinion; always give the most favourable impression which you can conscientiously entertain. By the patient I do not in all cases mean the individual himself, but some of his near relatives who are entitled to know the truth, leaving the question open for you to decide whether the patient himself is or is not the proper confidant.

There is another class of cases, however, which will demand more attention. They are those in which the organic and functional affections of the heart are combined, one occurring subsequently to the other. The order of sequence may vary, but as the organic disease is more permanent you will see more cases in which the patient has suffered for some time with the former affection before the latter is developed, which it usually is from anemia, hysteria, or some cause of functional disease. The sufferings of the patient are then much increased, but above all he is much more disposed to complain of his sensations, and unless closely questioned he will sometimes date the origin of the affection from the recent aggravation. You will then be obliged to analyze the symptoms, and the same tests which I have already given you will generally serve to settle the order of succession as well as their relative importance. In such cases you can greatly relieve the patient by removing the occasional and temporary symptoms, even if you do not materially modify the chronic disease, and it is the more urgent to do this as promptly as possible, because there is no

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doubt that protracted functional disorder has no little influence in aggravating the previous affection.

In another class of cases the functional disturbance first occurs. These are generally explained by the usual comparison of the heart to the other muscles which increase in size after long continued exercise. This does not, however, explain the connection, for many cases of functional disease continue a long time without the slightest organic alteration, and others which are less violent soon pass into it. We can only explain the difficulty by supposing that there are two distinct elements. If the disorder remain purely nervous, there is little or no increase of nutrition, the mere increased activity of the organ not sufficing in most cases to counterbalance the depressing circumstances which usually accompany functional disease and interfere more or less with nutrition. But should the functional disease occur in an individual in whom inflammation or other cause of organic lesion should afterwards be developed, or even in one in whom digestion continues unimpaired, hypertrophy and sometimes dilatation will follow. The valves, however, remain unimpaired, except from inflammation or the ossification of advanced life.

WILLS HOSPITAL.

SERVICE OF DR. HAYS.

Admissions during the month of November, 1842, - - - - -	7
Discharges, - - - - - -	9
Operations for artificial pupil, - -	2
cataract, - - -	2
staphyloma, - -	1
Remaining in the Hospital on the 1st December, 27.	

GEO. N. BURWELL,
Resident Physician.

MASSACHUSETTS GENERAL HOSPITAL.

Report of Operations performed in this Hospital, Nov. 19th.—Amputation above the Knee, by Dr. HAYWARD.—Twelve years ago patient fell from a tree and injured left knee. Knee-joint became enlarged and painful, and inflammation and caries followed. Leg is now permanently flexed upon thigh; has several fistulous openings into joint, through which the carious head of the tibia can be distinctly felt. General health good, but has occasionally swelling and pain in joint.

Patient having taken ℞. tinct. opii, gtt. l., an hour before, was placed upon the table, and the circular operation performed at the middle of the thigh. The hemorrhage was inconsiderable, the femoral and profunda arteries were secured by ligatures, the edges of wound brought together by interrupted sutures, and the cold-water dressings applied.

Wound had a healthy appearance, and patient continued to do well until November 24, at 9 P. M., when a small stream of blood was seen to issue from the stump, and on inquiry patient reported that he had suffered more pain than usual in the stump during the afternoon. Cold applications were made. The bleeding ceased readily, and did not return until the next day at 3 A. M., when it broke out through the lips of the wound, and flowed with considerable freedom; the sutures were removed and the stump opened by the house-surgeon, but owing to the coagula of blood the mouth of the vessel could not be discovered; a tourniquet was then placed around the limb, which controlled the hemorrhage effectually. At 10 A. M., the patient was removed to the operating-room, the stump cleansed of the coagula, and the tourniquet taken off. No hemorrhage, however, followed; and, on examination, the ligatures around the femoral and profunda arteries were found to be secure, the former pulsating strongly down as far as the ligature. A slight oozing having been observed at the lower part of the stump, the wound was carefully sponged at that point, and the blood found to flow from the mouth of a small muscular artery, which was immediately taken up and secured. The wound was then kept open for some moments, and a glass of wine administered to the patient; but, as no more bleeding occurred, the lips of wound were again brought together and patient removed to his bed.

Since then no further hemorrhage has taken place; wound appears to be doing extremely well, and the progress of recovery will not probably be retarded more than a week by this very unusual occurrence.

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December 3d.—Amputation of a Penis, by Dr. Howard.—Five years ago patient ruptured the frænum; two years after, perceived a small tumour of the size of a pea by the side of frænum. This continued to increase slowly until about one year ago, when it ulcerated; since when has been chiefly treated by caustics and stimulating applications, which seem to have aggravated the disorder. Now ulceration extends nearly around penis; prepuce entirely gone, with about half of the corona glandis; ulcer dark and sloughy in some parts, with ragged and hardened edges; a firm, hard band around penis at upper part of ulcer. Has at times much pain, particularly at night. General health not very good. Has never had syphilis.

Amputation was performed in the usual manner, a piece of tape having been tied firmly round the penis near the pubes to prevent retraction, and the integuments being well drawn down. Five arteries were secured by ligature—two on the dorsum, one each side of the septum, and a small one in the corpus spongiosum. Some scraped lint was then placed on the stump, and cold-water dressing applied.—*Boston Med. and Surg. Jour.*

MEDICAL EDUCATION AND INSTITUTIONS.

An account of the Pennsylvania Hospital and its means of Clinical Instruction.

The Pennsylvania Hospital was founded by a number of the benevolent citizens of Philadelphia, and received its charter in 1751. The hospital building, which has a front of 281 feet, is three stories high, and is surrounded by spacious gardens, the square of ground on which it stands containing four and a quarter acres. The design of the charity is general, its charter providing for the relief of such poor as are afflicted with curable diseases, *not infectious*, lunatics, and for a lying-in ward for poor married women. Being intended solely for the cure of disease, and not as a permanent asylum for poverty or decrepitude, all patients are discharged who, after a reasonable time of trial, are deemed incurable by the medical attendants. Twelve managers are elected annually by the contributors to govern the institution, and twenty-seven dollars is the sum required to entitle one to the privileges of contributorship.

The medical and surgical departments are respectively under the charge of three physicians and three surgeons, and the lying-in department of two physicians, all of whom are annually elected by the managers.

Two graduates of medicine reside in the hospital, and take charge alternately of the medical, surgical, and obstetrical departments, under the direction of the visiting physicians and surgeons; one resident being elected annually to serve two years.

The services of all the abovementioned gentlemen are gratuitous, the student's fees which were the perquisites of the visiting physicians having been devoted by them to the endowment of a medical library, which at present contains upwards of eight thousand volumes, comprising a large proportion of the most valuable ancient and modern works on the science of medicine, the privilege of using which is granted, under the regulations common in similar institutions, to those students who attend the hospital practice. A right to the use of the library during life may also be acquired by the payment of twenty-five dollars; besides which permission may be obtained from the managers by scientific men for its use for limited periods, or on special occasions.

After the accommodation of as many poor patients as the funds of the institution will justify, the managers have authority to receive pay patients, the profit derived from them being added to the fund for the maintenance of the poor. The rates charged are various, being from three dollars a week upwards, according to the circumstances and accommodations of the patient.

Tweny-six private rooms, each about ten feet square, besides several larger apartments, situated in a separate wing of the building, are appropriated to pay-patients, and where the individual is willing to incur the extra expense, good special attendants may be had. Pay-patients may be attended exclusively by any one of the professional gentlemen they may prefer; but in such cases, or where the patient is affluent, the physician is to be remunerated as though attended elsewhere. The diet furnished to the inmates of the hospital is plain, though of the best quality; and in necessary cases, delicacies and wines are freely served, on their prescription by the medical attendants.

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For the means of clinical instruction no institution in the country surpasses the Pennsylvania Hospital, and none has more largely contributed than it has done to the diffusion of sound professional experience. Up to the period of its foundation, no college of medicine existed in this country, and the hospital under the care of some of the first medical men of the period, soon attracted a number of students by the lectures, the first delivered in the country, of her physicians. Among these may be mentioned the names of Bond, Shippen, and Morgan; and in later times, Rush, Wistar, Physick, Dorsey, and Parrish, were among those who energetically continued the plan of teaching introduced by them. Practical remarks at the bed-side, on the diagnosis, prognosis, and treatment of the disease, is the plan of clinical instruction pursued, all theoretical questions and learned disquisitions being reserved for their proper sphere, the lecture room. Bound to no clique, and wisely keeping aloof from connection with medical schools, all students at the hospital, from whatever quarter they may come, possess equal advantages. Her managers have never been backward in giving opportunity for medical instruction, but have invariably countenanced and aided it when conducted in a proper spirit, and without injury to the feelings and frames of the numerous dependents on their bounty.

The following table shows the number of cases admitted in the ten years, from 1830 to 1839 inclusive. The diseases are omitted from want of room, though as the choice is made from a large number of individuals applying for admission, it will be perceived that the wards must contain the most urgent and interesting cases.

Official year ending in	Poor.	Pay.	Total.
1830,	782	561	1343
1831,	724	622	1346
1832,	700	673	1373
1833,	699	592	1291
1834,	702	512	1214
1835,	760	464	1224
1836,	748	495	1243
1837,	695	483	1178
1838,	759	487	1246
1839,	740.	428	1186

The number of surgical cases exceeds that of the medical, though very ample means are afforded in both for the study of acute as well as chronic diseases. From the exclusion of chronic incurable diseases, except where the board of the patient is paid, the medical wards present a large proportional number of acute affections. These too are not confined to such as prevail in the city and its immediate vicinity; for owing to the number of sailors, especially those employed in the coasting trade during the fall of the year, an opportunity is afforded of witnessing the fevers, more particularly the various forms of remittent, which prevail along the different sections of our southern coast. Individuals of very intemperate and dissolute habits are in great measure excluded, and for this reason, the character of disease met with in the wards, and consequently the requisite treatment, are much the same as in respectable private practice.

During the year 1840 there were admitted into the men's medical ward, including a small ward for negroes, 251 patients. Of these 81 laboured under intermittent, remittent, typhoid and typhus fevers; 31 under rheumatism; 24 under pleurisy and pneumonia; 18 under diarrhœa and dysentery; the remainder being made up of various acute and chronic affections, such as bronchitis, phthisis, &c. In the official year, ending April 1842, there were admitted into the medical wards, both male and female, 350 patients. The clinical visits are made on Wednesday and Saturday mornings. The hospital building contains a circular theatre, in which all the operations of importance are performed in the presence of the medical class. In this apartment three hundred persons may be seated, and adjoining it are rooms for the reception of the patients operated upon. Operations are frequent, though this branch of study is never pressed upon the attention of the student to the exclusion of medical surgery, or of the more important every day accidents met with by the practitioner. A very great proportion of the accidents received by the labouring classes of the city and liberties are treated in the institution, serious injuries being received without the form of a certificate when brought to the gate within twenty-four hours after their occurrence. The numerous railroads centering in Philadelphia are another means of conducting these accidents to it, even when occurring at considerable distances from the city. The hospital also affords excellent opportunities of witnessing syphilitic diseases.

Of the poor patients received in 1841,

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227 were persons who had sustained accidental injury, and some idea of the number of these injuries annually admitted, may be derived from the following table of a single class of them, viz.—injuries to the bones. The fractures and dislocations treated during a term of ten years were as follows:—

Years.	Fractures.	Dislocations.
1830,	82	3
1831,	99	10
1832,	71	7
1833,	94	6
1834,	103	11
1835,	119	13
1836,	96	13
1837,	95	9
1838,	103	10
1839,	97	12
Total,	959	94

The number of cases of stone in the bladder admitted and operated upon during the last eleven years, is thirty-six; and the number of amputations performed in a period of ten years will be seen by the following table, thus affording to the student a fair means of judging of the opportunities which the hospital offers for witnessing capital operations.

Years.	No. of Amputations.
1830,	4
1831,	7
1832,	7
1833,	7
1834,	8
1835,	7
1836,	8
1837,	7
1838,	10
1839,	14

MEDICAL OFFICERS OF THE INSTITUTION.

Physicians.

George B. Wood, M. D.
Thomas Stewardson, M. D.
William Pepper, M. D.

Surgeons.

Jacob Randolph, M. D.
George W. Norris, M. D.
Edward Peace, M. D.

Physicians to the Lying-in Department.

Hugh L. Hodge, M. D.
Charles D. Meigs, M. D.

Resident Physicians.

Edward Hartshorne, M. D.
Samuel L. Hollingsworth, M. D.

Free Trade in Education and Quackery.—The Lancet has some observations upon quackery, which appear to us to be just. But we confess that we do not go the whole way with our contemporary in his free-trade views, nor do we think that science is quite in the same category with hardwares or provisions. The ordinary principles which regulate commerce and barter are either inapplicable to the arts, or demand a considerable modification when they are applied to them.

The Lancet is a free-trader in one direction, but no free-trader in another. In the acquisition of knowledge, it is a free-trader—in its application, a sort of monopolist. It says—"What signifies it where a man gets his knowledge, so that he has his knowledge? but having got that knowledge, and his *degree*, he must be protected."

In accordance with its first position, the Lancet denounces certificates and all that sort of thing. As a corollary of its second, it wars upon quacks.

We are not quite sure that free-trade views are so applicable to *education* as the Lancet supposes.

In the first place, it is by no means very easy to determine, by an examination, what a man does know of a practical art like medicine. He may be at home at question-and-answer work, and, at an examination table, may cut a better figure than one who has really seen more and can do more at the bed-side. Everybody knows the perfection to which the grinding system has been brought, but there are few, we presume, who argue that gentlemen who acquire their whole professional knowledge in that way, are the best qualified for practice. Any additional guarantee, then, for a really sound education, cannot be undesirable. Such a guarantee can only be found in a properly prescribed course of study, the recognition of duly constituted schools.

But this is not the only point of view from which to regard this question. A medical school requires a considerable outlay of capital. To build and keep up dissecting-rooms, stock and maintain a museum, and supply pupils with those conveniences and comforts

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which are requisite not only for their physical but for their moral health, and last, not least, to induce men of talent and experience to devote their time to teaching, there must be something like a profitable return. It is not to be supposed that men will long work for a barren reputation, or, at all events, that having got what is to be got in that way, they will continue to labour at a loss. The lecturers on the practical parts of medicine ought to be men *in* practice. Are *they* likely to submit to the fag and worry of lecturing without pecuniary remuneration? We apprehend not. Now the free-trade principle applied to schools tends to their indefinite multiplication, nay, to their deterioration. Pupils are practical free-traders too, and they are prone to go where they are *promised* most for the least money. *Grinders* have great charms in their eyes, and, were it left to their own option, to grinders, the bulk of them would hie, and with grinders they would be content. Will any man at all acquainted with medicine contend that this would be a healthy state of things? Will any one maintain that the object of legislation should be to encourage this? We fancy not. Yet undoubtedly the effect of throwing open the school market would be to multiply schools and *grinders*, and in the same ratio to discourage the application of capital, whether monetary or intellectual, on a large scale to teaching.

The celebrated schools upon the Continent which the Lancet so often triumphantly refers to, are not constructed on the free-trade principle. They are found in universities or hospitals, supported by those restrictions and monopolies so odious at home. Nay, it is by virtue of these very monopolies that we get in the German universities a class of teachers comprehending such men as Blumenbach, Meckel, Müller, &c., that cannot be reared in the rough atmosphere of our more *liberal* institutions. Should liberalism take them for its own altogether, hardy plants of the *grinder* sort, would soon be the only ones to flourish.

The majority of the profession, the great mass of general practitioners, are more directly interested in this matter than they may imagine. They are confessedly struggling with difficulties, badly paid, and insufficiently employed. Ask any medical man what he thinks the real evil—ten to one he replies—"the profession is overstocked." It is almost ludicrous to see in any populous neighbourhood the blue bottles, coloured lamps, and other *affiches* of the faculty. If a new street is built, the first tenant is sure to be a baker, and the next a doctor. Indeed, the latter is often seen, with a courage worthy of a better cause, to emigrate to regions as yet untenanted, and form a sort of pioneer of civilization, to streets and crescents still unborn. The uneasiness and pressure in our ranks is too palpable to be denied. Is such a state of things to be met by measures which would tend to crowd the profession still more? Is a fresh premium, or additional facilities to be offered to men to join us? If the expense of a medical education is at present insufficient to keep down our numbers to a standard consistent with the comforts of the mass, is that education to be made less expensive still? Yet it is of the *expense* of medical education that the Lancet continually complains—the *expense* is what it would diminish. Suppose the economical views of the Lancet acted on. Additional numbers of a lower class, with a lower standard of comfort and respectability, would soon crowd in upon us. Competition would, of course, increase—with that competition the present rate of profits, small as it is, could not be kept up—necessity would drive men to shabby and dishonourable acts—and the result must be to steep the profession in poverty, cover it with discredit, and debase its position in society. The class on which this would principally tell, would be the general practitioner. The aristocracy would always command, and always repay the services of a few physicians and surgeons whose remuneration and place in public estimation would contrast the more strongly with the degradation to which the bulk of the profession would be sunk. In short, we cannot conceive a more injurious or more lamentable state of things than throwing down the barriers which now prevent a rush into our ranks, would give rise to.

One word more, and we have done. The uninitiated might suppose from the denunciations of the Lancet, that the lecturers, as a class, were fat monopolists, gorged with fees, and accumulating fortunes. To those who know the facts, this is positively laughable. Such are the expenses, that some get nothing, many get next to nothing, most get very little, and very few receive what can be considered an ample recompense. As for the *bulk* of the lecturers, one has only to

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look at them to laugh at the idea of *their* being rich. Lean, hungry looking chaps, with high cheek-bones, white complexions, and somewhat rusty coats, they contrast strongly with Mr. Wakley himself, whose coronership, if we may judge from his jolly face, ample waistband, and whole turn out, is worth all the lectureships in London put together.—*Med. Chirurg. Rev.*

ILLUSTRATIONS AND SKETCHES OF MEDICAL QUACKERY.

"If physic be a trade," it is observed, (the speculation is put hypothetically,) "it is *the* trade of all others, the most exactly cut out for a rogue." There is the absence of all restraint; and the only security for the doctor's ability and fair dealing, is often what is wafted to the public in the gossip-tale of some retainer in his interest.

A transaction which a person had with his watchmaker affords an apt illustration of the principles of charlatanism. His watch having stopped, he took it to a mechanic in order to ascertain the nature of the defect, and to have it rectified. The watchmaker armed his eyes with a microscope, and, after exhausting his customer's patience, for a considerable time, being, as he thought, very sapiently occupied in examining the machinery to discover the disorder, observed that he could do no good to the watch without taking it all to pieces. It was carried to another, who, a good deal to the surprise of the owner, discovered, and honestly told him, that he *had only forgotten to wind it up!*

It is almost miraculous what a little learning can effect in setting off the attractions of that art (quackery,) which *Madame de Sevigné* so comprehensively defines in one sentence, as an affair of "*pompeux galamatias, specieux babil, des mots pour des raisons, et des promesses pour des effets.*"

The late Dr. Parr, of Exeter, defined the word, quack, to be applicable to every practitioner, who, by pompous pretences, mean insinuations, and indirect promises, endeavours to obtain that confidence, to which neither education, merit, nor experience entitle him.

There has always existed, in the human mind, an innate love of the mysterious; and mankind have, ever since the creation of the world, delighted in deception, thinking with the poet, that,

"Where ignorance is bliss, 'tis folly to be wise."

A visit to a quack produces a pleasurable excitement. There is something piquant in the disdain for prudence with which we deliver ourselves up to that illegitimate sportsman of human lives, who kills us without a qualification. There is a delicious titillation in a large demand upon our credulity; we like to expect miracles in our own proper person, and we go to the illiterate practitioner of medicine, for the same reasons which induced our poor ancestors to go to wizards.

How true it is that—

"First man creates, and then he fears the elf;
Thus others cheat him not, but *he himself;*
He loathes the substance, and he loves the show;
You'll ne'er convince a fool, himself is so;
He hates realities, and hugs the cheat,
And still the only pleasure's the deceit."

[*Physic and Physicians.*

The latest Humbug.—In the *Lancet* for the 29th of October last, Dr. A. Turnbull announces his discovery of four new remedies—viz: the chlorocyanic acid, the sulphuretted chyazic acid, the chloruret of iodine, and the bisulphuret of carbon—for the cure of diseases of the eye.

This is the same Dr. Turnbull who a few years ago put forth a volume to proclaim his marvellous cures of amaurosis, cataract and opacities of the cornea, by the application of Veratria,* Delphinula and Aconitine; and whose instantaneous and miraculous cures of these same diseases by the application of the vapour of hydrocyanic or prussic acid, attested by that competent *medical* witness, the London *Literary* Gazette, and widely made known by those *useful* and *authentic* vehicles of medical intelligence—the *newspapers*—have very recently caused an excitement, equal to the brandy and salt excitement which existed a few years since, among the lady bountifuls and those worthy persons who by a freak of fashion—which we have never yet heard philosophically accounted for—walk about in coats instead of petticoats.

* By the bye, this is the so called *expensive* article, it is said, which is employed by a flourishing *oculist* in a neighbouring city, and which if not efficacious in rendering his patient's eyes sensible to the light, is at least so in making sensibly lighter their purses.

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Squinting.—M. VELPEAU, in his recent work on Strabismus, gives the following account of the itinerant operators for squinting, of France:—

"When we see the eagerness with which itinerant operators trumpet their success, one at Versailles, another at Luneville, Boulogne, Arras, Marseilles, Nancy, and in fact at every town in France,—when we see the ardour with which these gentlemen advertise themselves in the Parisian and provincial newspapers, and announce their '*guérisons immanquables*,' with all the tricks of quackery, is it possible, (I appeal to themselves,) to receive with confidence the statements of such men. Forced to examine for myself their *facts*, and to discover what they meant by *cures*, I can affirm, that at Paris, I have seen the individuals operated upon by them, squint outwards after having squinted inwards, continue to squint after two operations, afflicted with protrusion of the eye, ectropion, large denudations of the eye, and all the bad consequences which have happened in the hands of ordinary surgeons. I will add, that these accidents have most frequently come under my observation among the patients of those who have most puffed themselves, particularly among the patients of those who have advertised in the newspapers. It is a misfortune to see the dignity of the medical profession thus compromised; and unquestionably this conduct has been the cause of notable discredit to the operation itself. After having enjoyed an unexampled popularity, it has become in Paris, as elsewhere, the subject of serious doubts. The public having been accustomed to see daily in the newspapers, that the operation for the cure of squinting was easy, exempt from every source of inconvenience, and uniformly successful, at last believed all this to be true, and hurried in crowds to put themselves at the mercy of the operators. Time has now cleared away in a great measure the delusions on this subject, and shown that many squints which have been cut, have not been cured, or that one deformity has only been exchanged for another. The public has thus, from an excess of trust, passed into a total distrust in the operation; and many who might have their squinting cured, are thus induced to be resigned to its continuance."

This description is pretty accurate as applied to the same sort of gentry in this country. We have never seen a single case operated on by one of these advertising cutters which was entirely successful. In one case which we have seen, instead of the internal squint which previously existed, there is a most disagreeable prominence of the eye, and somewhat of an external squint. Yet *this* is one of the cases of *cure* which has made most noise in the newspapers!

Homœopathic Fictions. The very *weighty* reasons adduced by the advocates of the infinitismal humbug in support of their doctrines are sufficiently amusing. This, however, is the practical application of their system, according to which the weaker the argument the more powerful it should be for conviction. Thus, as incontestible proofs of the soundness of their theory, statements are constantly put forth that some privy counsellor, or grand chamberlain, or grand duke's valet, or grand duchess's maid, or some equally elevated character and competent judge has become a convert; or that a chair of homœopathy has been created in some German principality, or the practice legalized by a formal ordinance, &c. &c.

One of the most recent announcements of this kind is the following which appeared in *L'Examinateur Médical* of the 9th January last, and has been copied into other journals:—"By a decree of October 1841, the emperor of Austria has created a chair of homœopathy in the faculty of Vienna; named MM. Worm and Nerbar professors, and appropriated 100 beds in the St. Elizabeth Hospital for the homœopathic treatment of diseases, under the superintendance of Dr. Levy."

This statement, like many others, appears to be a pure fiction. Dr. Sigmund, a very distinguished physician of Vienna, who was recently sent to France by his government to study the organization of the medical profession in that country, on seeing the above statement in l'Examinateur Medical, addressed to the respectable editors of that journal a letter, the following extract from which they have published in their No. for 10th April:—

"In the 2d No. of l'Examinateur for 1842, I find a statement which is entirely erroneous; it never has been proposed to create a chair of homœopathy in the faculty of Vienna; the government have neither enacted an order or decree to create a clinic of this kind.

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The hospital mentioned, is one *closed* to students and strangers; a distinct foundation by the sisters of St. Elizabeth, and the physician of which is one of our brethren, Dr. Weninger, who has never practised homœopathy. MM. Worm, Nerbar, and Levy, are entirely unknown in Vienna."

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Pathological Society of Philadelphia.—This society has been revived, and the following officers elected for the ensuing year:—*President*, NATHANIEL CHAPMAN, M.D.; *Vice Presidents*, JACOB RANDOLPH, M. D., S. G. MORTON, M. D., CHARLES D. MEIGS, M. D.; *Secretary*, THOMAS STEWARDSON, M. D.; *Treasurer*, GEO. W. NORRIS, M. D.; *Curator*, EDWARD HARTSHORNE, M. D.

Philadelphia Medical Society.—The following extract of a letter from one of the early members of this society contains some reminiscences which will be read with interest:—

"In looking over your Medical Intelligencer, a thought struck me that such a journal might be commenced, by giving a general view of the origin of the Medical Societies in Philadelphia, whose members are spread around this vast continent. The Philadelphia Medical Society, for example, a mere acorn once, which has grown into a huge oak, whose branches extend from the north to the south of this union, and whose motto might have been Quantum Latet, in allusion to its origin, instead of 'ex collisione scintilla.' This society had, indeed, a very humble beginning; its junior members first held their meetings in Lyttle's School-house, a small frame building next to General Cadwallader's house, south Second below Spruce street; each junior member carried his candle with him, and friend Lyttle's ink-pots, in the desks, were the sockets for our candles: then and there were discussed, as we thought, *learnedly of course*, the merits of the Cullenian and Brunonian doctrines; and I have often thought that the bills of mortality in that day, in proportion to the population of Philadelphia, did not present so great a number as the present.

"The young students met under the auspices of Drs. Kuhn, Hutchinson, Rush, Shippen, Wistar, and Griffiths, and freely discussed medical subjects, without being denounced by this or that professor; we, indeed, adopted as a fundamental truth, Medicina respublica est, non autem Monarchia, multo minus Tyrannus.

"Having in my possession the first pamphlet, printed by the students of that day, containing the act of incorporation, which includes the original members, I find the names of,—*George Munro, M. D., John Davis, Isaac Cathrall, *Solomon Bush, *Andrew Ross, M. D., James Stratton, *James Hutchinson, M. D., Samuel Smoot, John Laws, M. B., Wm. Gardiner, M. B., Baynard Wilson, Theophilus Elmir, M. B., Isaac Auld, Joseph Hirst, James Vanmeter, Edward Rumsey, William Wardlaw, Jonathan Maris, Thomas R. Harris, M. B., Wm. R. Cozens, M. D., George Pfeiffer, M. D., James Woodhouse, M. D., Moses Shyttall, Charles Tilden, M. B., William Whiteman, Joseph P. Minnick, Willian Weston, of Jamaica, *Wm. Currie, *William Shippen, M. D., *Adam Kuhn, M. D., *Caspar Wistar, M. D., *Thos. T. Tucker, M. D., James G. Brehon, William Wilson, S. Hosmer, *Nathan Dorsey, *Tucker Harris, M. D., *David Ramsay, M. D., *James Lynah, M. D., *Isaac Chanlar, M. D., *Alex. Barron, M. D., William Stokes, A. B., Henry Colesbury, M. D., Richard Dale, James Craig, James Carter, Robert G. Davidson, A. M., William Bays, A. M., John Watkins, James M'Farland, Thos. Fossit, Edward Cutbush, Adam Seybert, George Thomson, Samuel Brawn, William Leigh, Philip Mathews, Matthias E. Sawyer, Richard Bradford, Peter Horlbeck, Stephen De Hart, William Bache, A. B., Henry Haywood, Christopher Heydrick, George Teackle, Artemas Seagrave.—*Junior Members, admitted* 1792–3—W. J. Doble, Henry Rose, John Smith, Edward Fisher, Thomas Drysdale, John J. Lang, Samuel M'Culloh, A. M., Charles Caldwell, Charles S. Waugh, Ashton Alexander, Louis Marshall, Joseph Gray, James Brisban, Richard G. Harris, George Williamson, Wm. Wishart, Samuel Chilton, Burgess Ball, Charles Carter, and John Willis.

"And where are they? Not *one* of the honorary members, marked thus,* are now living, and I know not how many of the juniors have descended to the silent tomb.

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In copying these names, numerous circumstances have been brought to my recollection, which occurred half a century ago, and if any be living, except the 52d on the list, I would say to them, what a pleasure it would be to hold converse with their manes!!

"VALE.

"*Geneva, N. Y.*"

Westmoreland County Medical Society.—A Medical Society has been formed in Westmoreland County, Pennsylvania, and an address was delivered before it on the 22d of November last, by Dr. ALFRED T. KING, of Greensburg. The address has been published, and is highly creditable to the author. This movement on the part of the physicians of Westmoreland county is a very laudable one, and we trust it will be followed by those of every other county in the state.

The following extract of a letter from Dr. King to Dr. Dunglison, and for which we are indebted to the latter gentleman, explains the objects of the association, and will be read with interest.

"Dear Sir,—After some little difficulty we have succeeded in organizing a medical society in Westmoreland county, and establishing it, we trust, upon a permanent basis. We had difficulties, however, of no ordinary kind; and one, which was not among the least, was to make a law for the admission of members. Another was the prejudice against which we had to contend, of an uninformed community. It was presumed that our only object was to increase our fees, and otherwise advance our own pecuniary interests. But the greatest difficulty, and severest blow which our embryo institution has experienced, was in the death of one of our most learned and efficient members, Dr. JAMES POSTLETHWAITE, Vice President of the association. In him, the medical profession of Western Pennsylvania lost one of its most polished scholars and brightest ornaments; and this community, one of its most beloved and illustrious members. Death, however, is the lot of all, and we must calmly submit to the power of 'the king of terrors.'

"The good feeling which reigns among the members of our association, and the increasing interest which the more intelligent portion of the community appears to take in its objects, are much greater than our most sanguine anticipations. We have about twenty members, and our stated meetings are quarterly, in Greensburgh, at which addresses and essays are read by members appointed by the society. Betwixt each stated meeting public debates are proposed, to be held in some of the other towns in the county.

"The objects of this society are, first, the cultivation of friendship and good feeling among its members; secondly, the collection, diffusion, interchange, and general advancement of knowledge pertaining to medicine and surgery, together with the various branches of physical science, which are subservient to them. Thirdly, the promotion of the empire of general knowledge, by which we mean to include all the branches of the exact sciences and general literature; fourthly, the diffusion of professional knowledge, as far as practicable, among the community.

"Already a request has been made by some of the profession in one or two of the neighbouring counties, for a copy of our Constitution, in order to be prepared to organize a similar society among themselves. I sincerely hope they may become general through the state. All that appears to be necessary is to arouse the dormant energies of the members of the profession, make them sensible of the mental lethargy in which they have been reposing, and then, I doubt not, they will have sufficient incentive to engage in an enterprise so laudable, so desirable, and so loudly called for. The low standing of our profession in this part of the state—and I fear it is too much the case in other parts—has been a source of no ordinary and unfeigned regret to me; and I have been deeply impressed with the belief that much might be done to elevate its standard, by well organized and judiciously conducted medical societies, particularly where they are made general."

Castleton Medical College.—At the recent commencement there were eleven graduates, and three honorary degrees were conferred.

Philadelphia Medical Classes.—We learn that the Medical Class in the *University of Pennsylvania* numbers about 360; in *Jefferson Medical College* about 220, and in Medical Department of Pennsylvania College about 104.

New York Medical Classes.—It is said that the number of medical students in the

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University of the state of New York is about 230, and in the College of Physicians and Surgeons about 120.

—

Geneva Medical School.—The number of students the present year is said to be 170.

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New York City Hospital.—Dr. JOHN A. SWETT has been elected one of the physicians to this hospital, to fill the vacancy caused by the resignation of Dr. M'Donald. The appointment gives, we learn, very general satisfaction.

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Berkshire Medical Institution.—The number of students, the past session, (August to November 1842,) was one hundred and one. At the close of the session the degree of M. D. was conferred on twenty-two.

FOREIGN INTELLIGENCE.

Queen's Hospital, Birmingham.—It is stated in an English paper that the Medical Officers of this Institution have liberally paid over the sum of £503, (about 2500 dollars,) fees from students, towards the support of the hospital. What other profession is so liberal in its charities as the medical?

—

Pension to Mr. Owen.—Mr. RICHARD OWEN, of the College of Surgeons, has received a "settlement" on the pension-list to the amount of £200 per annum.

—

Adulteration of Milk with Cerebral Matter.—There has been quite a stir of late among the inhabitants of Paris in consequence of a statement having made its appearance in many of the journals, that the *laitiers* of that milk-consuming metropolis were in the habit of *re-creaming* skimmed milk by mixing with it a certain portion of sheep or calves' brains made into a sort of thin paste or emulsion. The Academy, as in duty bound, had the subject elaborately discussed before them, and not a few learned memoirs have been read and written upon it. One of the best modes of detecting this clever cheat—we say *clever*, for it would seem that the adulterated milk, independently of its not being positively deleterious, is quite free from any unusual smell, taste, or appearance—is to examine the suspected fluid with the microscope; viewed under a magnifying power of from 300 to 500 powers we may readily observe, blended with the ordinary globules of milk, pieces of tubes, or torn membrane or blood-vessel, very different from the amorphous greyish masses which milk is apt to exhibit after boiling.—*Gazette Médicale.*

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Solution of Urinary Concretions by means of Carbonated Alkaline Waters.—Many interesting papers have been communicated to the French Academy during the last and present year, on the solvent powers of carbonated alkaline water, and particularly that of Vichy. MM. Prunelle, Longchamps, D'Arcet, and Petit, have related numerous instances of the efficacy of this alkaline water in producing solution of various kinds of urinary calculi, but have been opposed by MM. Pelouse, Leroy d'Etioles, and others, on the theoretical ground, that the use of alkaline waters would produce a precipitation of the earthy salts naturally contained in the urine, and thus give rise to the formation of earthy calculi. M. Ch. Petit, in a recent paper, has satisfactorily proved the groundlessness of this objection, and shown, that during the time the individual is using this water, no earthy salts are secreted, but that the character of the urine is totally changed, so that no earthy salts could be precipitated in the bladder, and give rise to an increase of the existing calculus. He also satisfactorily proves, that, even though earthy matters were precipitated by the alkaline waters in the bladders, they would be passed off along with the urine, as the mucus of the bladder is itself dissolved by the alkaline waters, so that no substance is left in the bladder to bind together the earthy particles.—*Edinburgh Med. and Surg. Jour.*

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TO READERS AND CORRESPONDENTS.

The reader will perceive that eight pages of Dr. Watson's Lectures on the Practice of Medicine intervene between pages 12 and 13 of the Medical News. If the pages be cut, however, in the usual way, the eight pages of the lectures may be lifted out, and the pages of the News will then succeed in their regular order. This arrangement was adopted for the convenience of binding the Lectures hereafter in a separate volume.

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THE

MEDICAL NEWS

AND

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VOL. I. FEBRUARY, 1843. No. 2.

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CLINICS.

PENNSYLVANIA HOSPITAL.

Attending Physician—Dr. WOOD.
Attending Surgeon—Dr. J. RANDOLPH.

Number of Medical Students attending the practice of the house, - - 51
Number of patients admitted during Dec. 1843, - - - - - 54
Do. Discharged, - - - - 57
Of these there were cured, - - 42
Relieved, - - - - - 10
Dead, - - - - - - 5
Admitted since Jan. 1, 1843, - - 24
Discharged, - - - - - - 14
Cured, - - - - - - 12
Relieved, - - - - - - 1
Dead, - - - - - - - 1
Cases of accidental injury admitted during the last six weeks of the year 1842, - - - - - - 27

1 incised wound, 5 lacerated wounds, 1 contused wound, 3 contusions, 2 burns, 1 injury from powder blast, 3 sprains, 1 simple and 1 comminuted fracture of the clavicle, 1 fractured humerus, 1 fractured radius and 1 Barton's fracture of the radius, 2 fractured fibula, 1 compound fracture of the femur, 1 compound comminuted fracture of both legs, 1 crushed foot, presenting compound comminuted fracture of the phalanges of all the toes.

Admitted since Jan. 1, 1843—1 incised wound of scalp, 1 fractured radius, 1 double fracture of leg, 1 sprained wrist, 1 fractured patella and 1 severe contusion of the thigh.

Discharged since Jan. 1, 1843—a case of fractured fibula and a case of fractured clavicle, both cured.

The number of patients now in the hospital is unusually small; that of accidental cases admitted and discharged during the present month is very much smaller than usual.

EDWARD HARTSHORNE,
Resident Physician.

JAN. 17.

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, payable in advance.

This number contains one sheet, and will pay newspaper postage.

☞ Postmasters are requested to return copies of this and of the preceding No. not taken out of the office; or to hand them over to other physicians and transmit their names to the publishers.

VOL. I.—2.

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WILLS HOSPITAL.

SERVICE OF DR. HAYS.

Quarterly Report.—In the Hospital on the 1st Oct. 1842, - - 28
Admitted during the months of Oct. Nov. and Dec., - - 26

Total, - - - 54
Discharged during the quarter, 31
Leaving in Hospital on the 1st Jan., 1843, - - - - - - 23
In Hospital, Oct. 1, with diseases of Eyes, - - 25 do. Limbs, 3
Admitted since with diseases of Eyes, 23 do. do. 3

Totals, 48 6
Discharged during the quarter, affected with diseases of Eyes, - - 30 do. Limbs, 1
Leaving in Hospital with diseases of Eyes, - 18 do. Limbs, 5
Of those discharged there were
Cured, - - - - - 26
Relieved, - - - - 5

Total, - - - 31
The operations during the quarter were
for artificial pupil, - - - 4
Cataract, - - - - - 4
Staphyloma, - - - - 1

The number of out patients was 23.

GEO. N. BURWELL,
Resident Physician.

MEDICAL EDUCATION AND INSTITUTIONS.

New Haven Medical Association.—We have before us the Constitution and By-Laws of this Association, as adopted April 25th, 1842, with the fee-table and a list of members since its foundation.

This association, as we glean from the preliminary remarks, was established in 1803, by Drs. Æneas Monson, Levi Ives, Obadiah Hotchkiss, Elisha Chapman, Joel Northrop, John Baker, John Skinner, Elijah Monson, Eli Ives, Nathaniel Hubbard, John Spalding, Thomas Goodsell, and James Gibberl.

The objects of the association, as expressed in the constitution, are to establish the practice of medicine in New Haven upon a respectable footing; to devise and carry into effect measures for the mutual improvement of the members; and to prevent the introduction of quackery, in any of its various forms. In evidence that its objects have been attained, it is stated that no physician of respectability has established himself in New Haven without becoming a member, and but two have withdrawn from its connection. At present eighteen out of the twenty regular physicians in the city are members.

The regular meetings of the society are "held on the evening of every second Monday."

Pliny A. Jewett, M. D., is the Clerk, and is the only officer of the association. The oldest member present at the meetings is entitled to act as chairman.

British Provincial Medical Schools.—The editors of the *Provincial Medical Journal*, in their number for 1st Oct. last, give a complete list of the Provincial Medical Schools of the United Kingdom, with their regulations, and offer some remarks respecting these Institutions, a part of which we transfer to our pages.

"One of the first reflections suggested by an examination of our list is, that while the provincial schools of medicine, properly so called, continue to hold their ground, the number of schools established in the three capital towns of the United Kingdom is gradually diminishing. In London, the school so well and so favourably known under the name of Grainger has ceased to exist; so likewise have the establishments rather ambitiously clothed with the names of Hunter and Sydenham. The only private schools which continue to drag on a species of semi-existence are the Aldersgate-street school, the school of Mr. Lane, and the school of Mr. Dermott. The 'disjecta membra,' however, still struggle to sustain a portion of the glory or notoriety which the force of events is wresting from them, and we have a multitude of *ci-devant* professors who generously devote their time and talents to the more humble, but, alas, equally unprofitable occupation, of lecturing to the empty cane-bottoms of their private dwellings. In Dublin and in Edinburgh the same fate has swept away many of the private schools, and it is with much difficulty that even the corporate and privileged establishments withstand the decay under which their less favoured rivals have ignominiously perished.

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"Two principal causes may be assigned for this unwholesome complexion of the professorial market. In the first place, the number of medical students is annually decreasing. Parents begin to find that the medical profession, overstocked in every corner of the kingdom, treated with contempt by the authorities, and pilfered in every possible way by the public, is not the royal road to honour and wealth which it was once supposed to be; hence, the industrious pursuits of the rising generation are directed to other and more profitable channels, and the pupils in lecture-rooms are, like angels' visits, 'few and far between.'

"In the second place, the number of students who visit the capitals of England, Ireland, and Scotland, is very considerably influenced by the competition of the provincial schools; and this influence, as we predicted long ago, is increased with every passing year."

The *Dublin Medical Press* (Oct. 12th, 1842,) copies the above "account of the doctor manufacture in the provincial towns of England," and adds the following *piquant* remarks in relation to the subject.

"So, then, there are twenty-six medical schools in the country towns of England, in addition to the scores of them to be found in London, Dublin, and Scotland. Twenty-six schools, at ten pupils to each school, gives a sum total of two hundred and sixty candidates for 'medical honours' in the rural districts alone; but who shall dare to say, that ten pupils is an average class for such flourishing 'institutions?' Say, then, twenty to each, and twenty, it must be admitted, is a very moderate allowance to ten lecturers, constituting the staff of a perfect establishment. Twenty pupils, then, to each of the twenty-six schools, gives five hundred and twenty aspirants to wealth and distinction, in addition to the metropolitan hosts of recruits enlisted for the reduction of a dangerously increasing population. What a consolation this for the Malthusians, who never anticipated so valuable a 'check!' But, however gratifying this prospect may be to the disinterested labourers in the diffusion of medical knowledge, there are others who think that, like every similar benefit, this carries with it a corresponding quantity of evil. Men, who are so destitute of refinement as to think that a principal use of medical skill is to enable the possessor of it to earn a livelihood by its exercise, begin to think that this most laudable anxiety to benefit the human race by the communication of information, otherwise destined to be for ever buried in oblivion, may be followed by mischievous consequences to them. What is sport to you, most eloquent and profound lecturers! is death to us hard-working and pains-taking practitioners. If you, to save being laughed at for wasting your eloquence on stools and benches, go into the lanes and alleys, the farm-yards and highways, to collect an audience, sooner or later, these people, thus enticed from their legitimate pursuits, must be found tendering their services as medical practitioners to the public, who neither know nor care whether they are competent or not, and who will consider their cheapness their best recommendation. This must be the consequence of this extension of the town nuisance to the country. It was bad enough to have medical recruiting sergeants at every corner in the metropolis, alluring unwary youths and embarrassed parents; but it is ten times worse to have a depôt established in every country town, to which those at a loss to dispose of sons unfit for trades or steady business, can so conveniently resort. Far be it from us for one moment to insinuate that gentlemen in the provinces are not as well qualified as those in town to give what are called "lectures"—that would be a sad libel upon them, seeing, that of all things in the world, the easiest to do, is to deliver 'a course' on some of the ologys; we only express our apprehensions that what has proved so injurious to our profession in town, will prove ten times more so in the provinces.

"But all this suggests a question—Why do men give lectures at all? Not for money; for every one knows that there is no money to be made of it, except there be some support from public sources. Not for character and its rewards; for the notoriety of the fact, that it requires neither knowledge nor talent to do it, has put that out of the question. The plain truth of the matter is, that men profess to give lectures for the purpose of advertising themselves. We do not say they all do it for this, but we say that it is the grand inducement, and that these provincial concerns are many of them mere joint-stock puffing companies: and thereupon, we shall venture to give some of them a bit of advice by reminding them that it does not by any means follow, that judicious people will prize them for their lecturing propensities; on the contrary, we are inclined to think that many

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will consider that they might be better employed, and so think we, from long and woful experience. If we had any body sick in our house, we should most assuredly prefer the young man to doctor them, who was poking after cases in lanes and alleys, rather than he who was grinding, lecturing, or demonstrating in the schools."

English Ophthalmic Institutions.—Ophthalmic medicine and surgery has been most assiduously cultivated in Great Britain within the last thirty years, and with such success that British ophthalmic surgeons are now second to those of no other country. They are far indeed in advance of the French, and in sound practical views actually take precedence of the Germans.

This will not excite surprise when we consider the number of institutions which exist in Great Britain, specially devoted to the treatment of ophthalmic diseases, and the opportunities thus afforded for acquiring a knowledge of these affections, and of determining the best method of treating them. No less than fourteen such institutions exist in England alone. The following are their titles and locations, with the names of their medical officers:—

1. Royal Infirmary for Diseases of the Eye, Cork St., Burlington Gardens, London. *Consulting Physician*, Sir Henry Halford; *Operating Surgeon*, H. Alexander; *Assistant Surgeon*, H. Alexander, jr.

2. London Royal Ophthalmic Hospital, Moorfields. *Physician*, Dr. J. R. Farre; *Assistant Physician*, Dr. Frederick Farre; *Surgeons*, F. Tyrrell and J. Scott; *Assistant Surgeons*, G. Macmurdo and J. Dalrymple.

3. *Royal Westminster Ophthalmic Hospital*, Chandos street. *Surgeon*, G. J. Guthrie; *Assistant Surgeon*, C. W. Guthrie.

4. Guy's Hospital Eye Infirmary, attached to Guy's Hospital. *Physician*, Dr. Barton; *Surgeon*, Mr. Morgan.

5. Bath Ophthalmic Infirmary. *Physician*, Dr. Greville; *Consulting Physician*, Dr. Davis; *Surgeon*, Mr. Soden.

6. Birmingham Ophthalmic Institution. *Surgeon*, Mr. J. Hodgson; *Consulting Surgeons*, Messrs. Ledsam, Middlemore, and Dr. Crompton.

7. Bristol Eye Infirmary. *Surgeons*, Drs. Goldwyer and Estlin.

8. Exeter Eye Infirmary. *Physician*, Dr. Blackall; *Surgeons*, Messrs. Barnes and De La Garde.

9. Leeds Eye and Ear Infirmary. *Surgeons*, Messrs. Hay, Nannelay, and Braithwaite.

10. Liverpool Eye and Ear Infirmary. *Surgeons*, Dr. Edwards and Mr. Neill.

11. Manchester Eye Infirmary. *Physician*, Dr. Robinson; *Surgeons*, Messrs. Barton and Windsor; *Assistant Surgeons*, Messrs. Hunt and Walker.

12. Newcastle Eye Infirmary. *Physician*, Dr. Headlam; *Surgeons*, Mr. Greenhow, Sir John Fife.

13. Taunton Eye Institution. *Surgeon*, Mr. Billett.

14. York Ophthalmic Institution. *Physician*, Dr. Belcombe; *Surgeon*, Mr. Russell.

ILLUSTRATIONS AND SKETCHES OF MEDICAL QUACKERY.

Walpole says that acute and sensible people are often the most easily deceived by quacks. A deceit, of which it may be said—"It is impossible for any one to dare it," always succeeds.

If the imposture required any ingenuity to detect it, there might be some hope for mankind; but it actually lies concealed in its *very obviousness*. At the same time it must be owned, that, in some cases, no little degree of firmness is required to resist the importunity with which a nostrum is recommended. "I seriously declare," says Sir A. B. Faulkner,* "that I was myself pressed with no little earnestness, by a person not otherwise above par in credulity, trying to persuade me of the infallible powers—of what?—Ye shades of Hippocrates and Æsculapius—what?—actually and seriously, a decoction of flint stones!!! The prescription was grave and methodical. The flints were to be boiled, and the supernatant liquor poured off for use. The lady who advised this precious physic, would do so on the best authority; and not of one, but of many persons of her acquaintance, upon whose word she could place the most implicit reliance."

The charm is in the *mystery*, in all these cases. "*Minus credunt quæ ad suam salutem pertinent, si intelligunt,*" says Pliny. Credulity is indigenous in no particular climate. "In Chili," says Zimmerman, "the

* Visit to Paris.

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physicians blow around the beds of their patients, to drive away diseases; and, as the people in that country believe that physic consists wholly in their wind, their doctors would take it very ill of any person who should attempt to make the method of cure more difficult." They think they know enough when they know how to blow; which, translated into common language, means "raising the wind."

Lord Bacon says, "That the impostor frequently triumphs at the bed-side of the sick, when true merit is affronted and dishonoured; the people have always considered a quack, or an old woman, as the rivals of true physicians. Hence it is that every physician, who has not greatness of soul enough not to forget himself, feels no difficulty in saying with Solomon, *'if it is with me as with the madman, why should I wish to appear wiser than he is?'*"

"The world is generally averse
To all the truths it sees and hears;
But swallows nonsense and a lie,
With greediness and gluttony."
BUTLER.

Physic and Physicians.

Secret Remedies in France.—The sale of secret remedies is prohibited in France, unless legally protected by patent, which is never granted without a report from the Royal Academy of Medicine, certifying the harmlessness of the remedy. This is not the only hindrance to the sale of those compounds. Our London warning "Bill-stickers, beware!" is uttered with more authority by the French law; and it would appear that the Parisian quack is destroyed, like a parasitic plant, by removing him from the wall. This fact is thus exemplified: "A practitioner caused a placard to be affixed on the shop of a grocer in the Rue St. Denis, advertising a remedy against secret complaints. The grocer brought an action against the doctor, who was condemned in 2*l.* damages. The court cautioned Dr. M. not to affix placards on the walls lest he should incur renewed actions for damages.

If it were made illegal to post the walls thus, or to advertise them in the newspapers, quack medicines could not exist. Few empirical preparations could stand the silent system. Again, M. Boubee is a regularly educated *pharmacien*, rivalling M. Beral in the preparation of citrate of iron, and established at Auch. He contrived a syrup to banish gout from France, affixed his name to it, and in time sold it in several shops at Paris. But M. Boubee forgot to register the exact composition of his sedative solution. This at once turned the syrup into a secret remedy; and he was cited before "Le Tribunal" to answer for the advertisement and sale of secret remedies. Not appearing, he was recently condemned to ten months' imprisonment, and a fine of 24*l.*—*Ann. of Chem.*

Curability of Consumption.—One of the political journals has recently discussed this subject, very learnedly and greatly to the instruction of the million of course. The journalist alluded to very naively observes,—"We have heard, also, of a distinguished physician in London who has cured many cases of admitted consumption by causing patients to inhale steam impregnated with herbs or other drugs several times a day." Verily, as the "distinguished" Sam Patch sagely remarked, "Some things may be done as well as others."

Steam Cure for Consumption.—The celebrated, as he is called—but more properly the *notorious*—Dr. Ramadge, the public are informed, in one of the newspapers, has a hospital in London in which he cures consumption by making the patients inhale steam. One of our western steamboats offers great advantages over that hospital, inasmuch as if the steam does not relieve the patient of all his ills, he has a chance for the hydropathic treatment afterwards.

Raising the Wind.—A scheme has recently been devised for this purpose, which consists in making consumptive patients *blow* through a long tube.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Philadelphia Hospital, Blockley, Clinical Class.—The number of tickets issued to students, the present session, for attendance on the clinical lectures and practice of the Philadelphia Hospital, Blockley, is 261.

Pathology and Treatment of Varices.—

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There is an extremely valuable and elaborate paper on this important subject in the January number of the American Journal by Dr. John Watson.

—

Transylvania University.—The medical class the present session, numbers two hundred.

—

Paupers in New York.—The Grand Jury report the total number of persons in the Almshouse, including 366 in Hospital, 340 in Lunatic Asylum, and 823 at Long Island farms and nurseries, 3,043.

—

Paupers in Philadelphia.—On the 9th January last, there were 2046 persons in the Philadelphia Almshouse. On the same day last year, 1755.

—

A Hoax.—A hideous picture of the ill effects of mercury, quite a raw head and bloody bones affair, has been going the rounds of the newspapers—those *useful* disseminators of *authentic* medical intelligence. It is a precious specimen of balderdash and bombast, and purports to be an extract from the lectures of the eminent Professor of the Practice of Medicine in the University of Pennsylvania, but is manifestly the production of some follower of the *gentle craft* of steaming and lobelia,* who has resorted to the artifice of putting it forth under the sanction of a respectable name, the more effectually to alarm the ignorant, and to make gulls for his net.

A western physician, whose optics can be none of the clearest, has been completely hoaxed by this shallow trick, and in a windy article in the Boston Medical and Surgical Journal right soundly scolds the distinguished professor for his supposed offence.

—

New Books.—Messrs. Lea & Blanchard have just published a new edition of Dr. Dunglison's General Therapeutics and Materia Medica, also Lawrence on Ruptures, and Churchill on the Diseases of Females.

Messrs. Lea & Blanchard have in press and will shortly publish a new and very useful Practical and Theoretical Treatise on the Diagnosis, Pathology and Treatment of the Diseases of the Skin, by Erasmus Wilson, Lecturer in Middlesex Hospital School of Medicine. This work appears to comprise the entire course of lectures delivered by the author last summer. The materials in the book are, however, more carefully arranged and digested, and presented in a much more convenient form. The author's aim he states to be to simplify the diagnosis and treatment of disease in a branch of medicine to which he has given some years of thought, and to the mature study of which he henceforward devotes his life.

* We first saw it in a Tompsonian Journal, "The Medical Advertiser" for May 1st, 1841, published at Crawfordsville, Indiana.

—

FOREIGN INTELLIGENCE.

Hospitals in France.—In France there are 1329 hospitals and hospices, affording succor to 152,830 indigent sick persons; 6275 charitable establishments, giving relief to 695,932 poor, and 15 schools for the deaf and dumb. The number of blind is about 20,000. *Journ. de Med.* Sept. 1842.

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Lithotrity.—Mr. Costello has recently performed the operation of Lithotrity on Espartero, the Regent of Spain. The results, we are assured, are most happy.—*Dublin Medical Press*, Aug. 3, 1842.

—

Medical Deputies.—Drs. Bouillaud, Terme, Dezeimeris, Richond de Brus, and Delaveau, have been elected members of the Chamber of Deputies of France.

—

Death from Operation for Stammering.—It is stated in a recent No. of the *Dublin Medical Press*, (Sept. 7th, 1842,) that "an operation for the cure of stammering by M. Velpeau recently terminated fatally, in consequence of purulent absorption." This operation has been abandoned by Dieffenbach, and was from the first reprobated in the American Journal of the Medical Sciences. See Nos. for July, 1841, p. 210, and for Oct. 1841, p. 488.

—

Hospital Ship for the operations of the British on the coast of China.—The *Minden*, a line-of-battle ship, has been wholly appropriated as an hospital on the coast of China.

The Minden is a 74, deprived of one tier of guns, to make more room for the sick; roomy; well adapted for her new employment; and commissioned as a fifth rate, with 280 men, fitted for 200 patients, and ven-

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tilated upon the plan of Dr. D. B. Reid, who went to Plymouth, where she was fitted out, to make the necessary arrangements.

The hospital establishment consists of one inspector of hospitals, one surgeon, five assistant surgeons, one surgeon's clerk (having large supplies of medicines and stores, and being accountable for their distribution); one ward-master (in lieu of matron); sixteen landsmen as nurses; three washers (men's wives), besides servants to the medical officers. Medicines, surgical instruments, washing machines, portable water closets, cradles (of iron), are fitted with rods to prevent the sick being thrown out in stormy weather; light screens to prevent currents of air on deck where ventilation is so necessary, baths, and books for the perusal of the patients.

The supplies in charge of the purser, to deliver daily on the requisition of the surgeon, are said to be about 70,000 lbs. bread and flour; 55,000 beef; 7000 Scotch barley; 5000 salt; 9000 vinegar; 1500 of tea; 8000 of sugar; 400 gallons of wine; 6500 lbs. of soup and bouilli; 2000 quarts of gravy soup; 1000 lbs. calves'-feet jelly, all adapted for hospital diet, and one ton of patent preserved potatoes.—*Dublin Medical Press.*

—

A Population getting shorter.—In the department of Finisterre (Brittany), the use of ardent spirits seems to increase, and to be attended with some peculiar effects on the population. In the two arrondissements of Quimper and Quimperlé, the spirituous liquors imported increased from 1,869 hectolitres in 1825, to 3,985 in 1839; and, corresponding with this increase, the average stature of young persons subject to military service is said to have diminished until it had become 23 millimetres (about an inch) less in 1838 than in 1818. A much greater number of individuals was also found unfit for service in the former than in the latter-named year. Gin and chamomile have long been in repute in England for stunting the growth of little dogs.—*Lancet.*

—

Condemnation of Myotomy in Spinal Deformities.—M. Bovier, we are glad to observe, in a memoir read before the Academy of Medicine in July last, and published in the Annals of Surgery for December, has exposed the utter fallacy and folly of M. *Guerin's* myotomic practice in cases of lateral deviations of the spine.

Our readers are probably aware that the "grand myotomiste" of Paris attributes almost all deformities whether of the trunk or of the extremities to a permanent contraction of certain of the muscles of the affected part; and, assuming this position as established, he very fairly concludes that, if these muscles are divided across, the deformity will necessarily be lessened, if not entirely removed. M. *Guerin* seems to regard the human body very nearly in the same manner as a sailor does his ship. When the latter wishes to square any yard, which is much aslant, he lets go on the lee side the ropes which are called the *braces*, and gives a pull upon those on the weather side. Just so does M. *Guerin* in his treatment of deformities; he cuts across the muscles and tendons which, according to his view of the subject, are *taut* (to use Jack's phrase), and looks for nature to give a pull upon the antagonist ones, that had been slackened.

If we could give credit to his own reports, his success has been truly marvellous; and certainly the rapidity with which, he tells us, many of his cures are effected, must add greatly to the value of his "belle decouverte." So simple, he goes on to say, is the operation which he performs, that he has divided nearly 40(!) muscles or tendons, (according to the sub-cutaneous plan), in one patient at a single sitting. Good news for all the wry-backed, stiff-necked, club-footed people of the world! it is their own fault if they remain one day without being made as straight and upright as He of the silver bow.

It is certainly a curious feature of the surgery of the last few years, this passion for dividing muscles and tendons, or for myotomy, as the operation has been called. We suppose that all the squinting people in Europe have been cured by this time; and as for club-feet, they are never heard of now. Poor *Byron!** why were you born before the present day? many a vexatious moment might have been spared thee, had the star of thy nativity not arisen until the fourth decennial of this century. But, alas! the fates are very wilful, and too often make use of any disease or deformity in the body to whip weak man for the follies or vices of his mind.

To revert to the subject from which we started, we are glad to find that some of the

* It has been remarked as a curious circumstance that three of the most distinguished men of the present century were club footed—*Byron*, *Scott*, and *Talleyrand*.

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French surgeons themselves are inclined to oppose the absurd practice to which we have been alluding. M. *Bouvier*, after detailing several experiments on the dead body with the view of ascertaining the truth of M. *Guerin's* theory of spinal deformities, very pertinently remarks:

"These facts speak for themselves. Since the resistance of the spine remains the same after the division of its muscles, and since, on the contrary, this resistance becomes small, when the ligaments are divided, although the muscles are intact, it is evident that these latter cannot be taken into account; and we scarcely require any other arguments to prove the dissimilitude between curvature of the spine and genuine muscular deformities—in which the resistance ceases, at least in a great measure, after the muscles have been divided, whereas the section of the ligaments produces little effect, if the muscles remain intact. The fundamental character of spinal deviations is unquestionably attributable to a lesion of the osteo-ligamentous apparatus of the vertebræ, and not to a mere spasmodic contraction of the dorsal muscles.

But, independently of the proofs furnished by post-mortem examinations, it is an easy matter to satisfy ourselves that during life there is not any tension or resistance of the muscles on the concave side of a deformed spine. We have only to be on our guard not to let ourselves be imposed upon by the contraction of these muscles to make us believe that there is any permanent shortening of their tissue. When the person is standing up, the contracted muscles of the back counterbalance the weight of the trunk, and they may therefore exhibit at that time a degree of tension proportionate to their physiological shortening. Now this tension is most decided on the convex side of the curved spine, in consequence of the body leaning over to the opposite side. One would need to be strangely pre-occupied with a favourite idea to attribute this condition of the muscles on the convex side to their abnormal retraction. If we try to bend the trunk in the opposite direction, then the muscles of the concave side appear to be stretched, because they then make an effort to maintain the equilibrium of the body."

M. *Bouvier* closes his memoir with the following two conclusions:

1. The section of the muscles of the back is absolutely without an object, and cannot produce any useful result in deformities depending upon a lateral deviation of the spine.

2. The treatment of such deformities must be based on remedying the shortened condition of the concave side of the spinal column, its muscles always retaining sufficient length not to present any resistance to the *redressement*.

Here might terminate the examination of this question for any one who will think for himself and study the facts which we have mentioned without any prepossessions or after-thoughts.

But M. *Guerin* and his disciples, ill at ease in the circle of positive pathological facts, have appealed to the results of their experience and the success attending their practice—a species of argument which is certainly very convenient, since it dispenses with every other. But even on this ground we are satisfied that they are completely at fault, that their vaunted successes have nothing real in them, and that experience will agree with theory in condemning the division of the muscles of the back in the treatment of spinal deformities.—*Med. Chirurg. Rev.*

Royal College of Surgeons, London—Jacksonian Prize of Twenty Guineas.—The prize subjects for the year 1843, is Derangements in the Secretion of Urine, their causes, consequences, and treatment.

TO READERS AND CORRESPONDENTS.

We invite the Secretaries of the different Medical Societies throughout the Union, to transmit to us a copy of their Constitutions and Laws, with lists of their officers and members, with their places of residence.

Physicians throughout the country are respectfully solicited to communicate matters of intelligence likely to interest the profession.

The large space occupied by the lectures of Dr. Watson on the Practice of Medicine has induced us to omit Dr. Gerhard's Clinical Lecture intended for this No.

The Publishers of the Medical News have now sent Nos. 1 and 2 as specimens of the work; no more will be sent without orders. Those persons who wish the work continued will please address the publishers through their respective postmasters, with a remittance. See the Prospectus, terms and clubbing.

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THE

MEDICAL NEWS

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VOL. I. MARCH, 1843. No. 3.

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CLINICS.

PHILADELPHIA HOSPITAL, BLOCKLEY.

Clinical Lecture on the Physical Signs of Diseases of the Heart, and on the easiest mode of learning them. By W. W. Gerhard, M. D., Lecturer on Clinical Medicine to the University of Pennsylvania, and one of the Physicians to the Philadelphia Hospital, Blockley.

In our preceding lecture we made some remarks on a case of pericarditis of no little interest, and upon the means of diagnosticating the diseases of the heart without reference to the physical signs. In order to complete the subject, it may be of some benefit to give you a sketch of those physical signs which are more particularly connected with the diseases of the heart, with a description of the easiest mode of acquiring them.

I find that most people acquire more readily the bellows and rasping sounds than any others. Both of these signs may often be met with in a moderate circle of practice. You will learn them most easily in chronic diseases of the heart, in which they last a long time. They are chiefly systolic, occur more commonly at the upper portion of the heart than elsewhere, and you will be sure to meet with them in a large proportion of patients labouring under the rational symptoms of organic disease. The precise circumstances under which they occur are pointed out to you in cases as they present themselves. Thus, for example, as an illustration of the bellows and rasping sounds varying from one to the other according to the changes of the inflammation, you have the case of pericarditis now under observation, in which an acute organic disease causes the sound. As an illustration of the same sound caused by functional disease, there is the case of Mary D——, now in the

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, payable in advance.

This number contains one sheet, and will pay newspaper postage. It is printed 32 pages to a sheet.

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hospital, who presented a very pure bellows sound, louder than in the other case, though less acute. Of the chronic cases, many have presented themselves to your observation during the last few weeks.

The sawing sound is rarely learned until a later period. Its distinctive character is, as you know, the double movement, the roughness being heard both in systole and diastole. The impulsion of the heart is also easily learned, and you may discriminate between that of the two classes of affections, if you pay attention to the momentum already alluded to.

More stress was laid upon the connection between the pulse and diseases of the heart formerly than at present; that is, the pulse is now examined more at the heart itself by the stethoscope than at the radial artery. Your own observation must have shown you the cause of this. The patient now under treatment for pericarditis offers a perfectly regular and scarcely febrile pulse. The same is sometimes the case in endocarditis. The patient who died lately at the hospital with pneumonia and endocarditis, with ulceration of the valves, presented no irregularity or intermittence of the pulse. Daily observation shows that this also occurs in many other acute diseases of the heart. But there are other patients who offer intermittence and many irregularities of the pulse formerly regarded as characteristic of cardiac inflammation; so that the value of the pulse is evidently quite secondary, and you may say dependent upon the other signs which accompany it.

In chronic disease the pulse is of more importance, but still an inconclusive symptom. We commonly say of it that in hypertrophy with dilatation, it is full and strong; in simple dilalation it has much less force; in softening of the heart, which is usually connected with humoral disease, it is soft and feeble. Even its rapidity is often less considerable than in pure cardiac phlegmasiæ. In diseases of the valves the pulse is of more value. It is only in exceptional cases that the pulse is but little affected. As a general rule in contraction, both of the semi-lunar and of the mitral valve, the pulse becomes irregular and often weak. This is especially the case with contractions about the latter valve, which produce more disturbance of the pulse, especially greater irregularity, than any other chronic disease of the heart. But you must be on your guard against attaching too great importance to irregularity or intermittence of the pulse. They are of frequent occurrence in convalescence from acute diseases, especially the exanthemata of children. They occur about the termination of the febrile excitement, and they constitute favourable signs rather than the reverse.

It forms, of course, no part of the design of this lecture, to insist upon the connection between the physical signs and particular alterations. You are well aware that I am far from attaching less importance to them than they deserve. They are truly indispensable to accurate diagnosis, and the study of them is by no means attended with great difficulties to any one whose organs of hearing are not extremely defective, and who is in earnest in the study of his profession. My present object is to render them more easy by shewing you how far what are termed the rational signs will lead you, and by pointing out to you the first steps you should take in the study of physical diagnosis. You will render them still more easy by becoming thoroughly conversant with the sounds of the healthy heart; and as the opportunities for this study are always at hand, it will be your own fault if you neglect to turn them to an account, by repeated examinations of healthy individuals of both sexes and of various ages of life.

PENNSYLVANIA HOSPITAL.

SURGICAL WARDS.

Admissions since Feb. 17, for injuries and surgical diseases, - - - -	13
Do. for recent accidental injuries, -	11
Total, - - - - -	24

Among the accidental cases admitted, there were—1 incised wound of the scalp; 1 lacerated wound of the cheek; 1 lacerated wound of the upper lip; 5 contusions; 1 sprained ankle, and 2 Barton's fracture of the radius.

Discharged since Feb. 17, cured,	-		28
Do.	do.	relieved, -	2
Do.	do.	dead, -	1
Total, - - - - -			31

Among the accidental cases discharged, there were 1 incised wound of the scalp, cured; 1 incised wound of the knee, in which the ligamentum patellæ had been severed and the joint laid open; (the patient in this case

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was transported sixty miles on a railroad, and brought into the hospital within forty-eight hours after the occurrence of the accident. His wound, which had at once been carefully dressed, was followed in three days by violent articular inflammation; extensive suppuration in and around the joint early supervened, abscess after abscess formed, apparently involving in succession the whole interior of the implicated thigh, and these local symptoms were accompanied by those of the gravest constitutional irritation and subsequently of extreme prostration;—Cured in five months with anchylosis of the knee.) 1 lacerated wound of the cheek, 1 do. of the upper lip, and 1 do. of the foot, all cured;—1 contused wound of the leg; 1 Barton's fracture of the radius, cured; 1 oblique fracture of the os femoris, (mid. 3d,) cured without appreciable shortening, and 1 oblique fracture of the tibia, cured.

The number of accidental cases admitted and discharged during the last month, is remarkably small. The number of cases not accidental, treated in the wards, also continues unusually small.

EDWARD HARTSHORNE,
Resident Surgeon.

FEB. 21.

MEDICAL EDUCATION AND INSTITUTIONS.

The Good Physician.—This is the title of an "Introductory" to the course of Lectures on Materia Medica and Therapeutics in the Medical Department of Transylvania University, for the session of 1842–3; delivered by Prof. Thomas D. Mitchell, M. D. Published by the Medical Class.

The lecture is short, and apparently intended but for a temporary object; but some of the subjects noticed and opinions expressed appear to us of so much importance, that we are induced to call attention to it. With all the zeal which marks his character, Dr. M. inveighs strongly and decidedly against that superficial style of medical study which is to so great an extent the professional calamity of our country. Few professors, it is very probable, would speak so much and so earnestly in favour of a view of things which has been sometimes thought to militate against the interests of universities, endangering the driving away of students by demanding too much of them. The writer of the present notes will not praise Dr. Mitchell for any high degree of elaboration in his discourse, either as regards the lucidus ordo, or the accuracy of the pen and the proof-sheet. We were sometimes tempted to smile when contrasting what we thought its defects with its eloquent declamation in favour of thorough education for a physician. Yet the manliness, love of country and of science, and disinterested willingness to diffuse truth at all hazards, which seem to us really to characterise his brief lecture, are qualities of a far higher class.

The superficial volubility, the high estimate of self, and the boldness of ignorance, too frequently found claiming to belong to our profession, are strongly characterised by our author. He refers them to the unreasonable ambition of vast numbers of families, unable to do justice to the undertaking, to make a son a "doctor." He then gives us a somewhat hasty sketch of the requisites of a real physician; which he with good reason observes, are no where of a more startling necessity than in the courts of justice. The distressing position of a half-informed medical man, when called upon in an important law case, is perhaps the strongest example which can be cited.

The want of a more extended course of medical and preliminary instruction, and, in many cases, of a higher moral rule, among the members and in the education of our profession, has long been the subject of deep regret to numbers of the wise and good. It is not, however, among the students that the neglect of this feeling is to be complained of. At the most generous and frank moment of life, those who are just entering our profession have been always, when we knew them, advocates of every thing that tended to ennoble the sphere in which they meant to move, no matter at what amount of delay, difficulty and expense to themselves. "Is he not to be doubted?" asks a character in one of Scribe's pieces, said to be intended to represent the manœuvres of the celebrated Talleyrand. The wily man of years and much experience, answers something like this: "At his age, never! I never doubt one just entering upon the career of life, and who has scarcely reached manly age; but when they are two or three years older, the case is altered. Then they are *men;*" using, here, the latter word in the bad sense so familiar to memoir writers. It is not among the *students* that the difficulty occurs. With them all is

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frankness and honourable ambition. Nor is it, we think, among the qualities of what we would call the "immortal youth" of the Kentucky character. Whatever be her faults and others' merits, it is not in Kentucky, we are persuaded, that science languishes for want of liberal views, real patriotism, and manly honesty of mind. It is not youth, still less Kentucky youth, that requires to be reminded of the condition of forced hypocrisy in which the young graduate is placed by a system, limiting and omitting to *name* the qualifications required by the wants of the country, and the grade of intelligence and science of the associations among whom his lot is cast; and all from the fear of alarming him for his purse.

Quid non mortalia pectora cogis,
Auri sacra fames?

It is to the public, the social and political public, that the appeal should be addressed; to those who ultimately suffer, and to those who regulate. Still, amid the silence imposed by a reverence for vested rights, it is cheering to hear the voice of the fervent and earnest professor of Kentucky; and, in our opinion, he deserves the highest praise for thus urging a high professional duty at what others would think the risk of his personal advantages. B. H. C.

Gratuitous Medical Education.—We invite serious attention to the following just remarks on this subject by Professor D. Drake, of Louisville.

"It is a popular and amiable idea (if amiability can be predicated of an opinion), that medical education and graduation should be brought within the reach of poor young men; and so it should, if it can at the same time be made such as to maintain the scientific dignity of the profession, and supply the community with physicians and surgeons who are thoroughly acquainted with all that is necessary to successful practice. These latter considerations impose limits to facility of graduation, which cannot be passed, without trampling under foot the demands of the science and the safety of society. All regulations, then, which encourage young men, unendowed with academic learning and the means of prolonged and ample medical study, to engage in the latter, are unjustifiable.

"This mistaken beneficence to indigent young men, is a real (though undesigned) depredation on great interests which should never be overlooked. In a comparison of these, where no claims of justice are involved, those of the majority should be respected; especially, when by doing so the minority will not suffer. Such would be the fact in the present matter; for it cannot be doubted, that young men who have neither the preparatory education, nor the means of adequate connection with medical schools, would do better for themselves, by directing their enterprise (often of the most laudable kind) upon pursuits, for which they are prepared, and for which their limited resources would be sufficient. It is certainly better to be a good merchant, mechanic, farmer or lawyer, than a bad doctor." * * * *

"Let it not be said that if several of the facilities to matriculation and graduation in our schools, which now exist (but which we do not propose to enumerate at this time), were superseded by others, requiring higher preparatory attainment, longer professional study, and deeper scientific impregnation, there would be any deficiency of physicians. If it should a little diminish the aggregate number, it would increase the efficiency of each, and society would be better served, with less of that *downward* competition, which prevails not less among physicians than professors. The first and greatest effect of the new regulations would be, to invite to the study of medicine those, and those only, who are well prepared by preliminary instruction, pecuniary means, talents and ambition, to make the profound and varied acquisitions in science, which are indispensable to the progressive improvement of the profession, and the safety and welfare of society. Many such are now excluded, because they see that superficial attainment, even without future study, may procure business; and not choosing to compete on such low ground, they turn to other pursuits. We *might* pursue this subject much further, and may resume it, at some convenient time."—*The Western Journ. of Med. and Surg.*

Officers of the Philadelphia Medical Society.—*President*, Robert M. Huston, M. D. *Vice Presidents*, Geo. McClellan, M. D., Benjamin H. Coates, M. D. *Treasurer*, John Wiltbank, M. D. *Corresponding Secretaries*, Isaac Parrish, M. D., Joseph Warrington, M. D. *Senior Recording Secretary*, John J. Reese, M. D. *Librarian*, A. D. Benedict, M. D. *Orator*, Robert M. Bird, M. D. *Curators*, James Bryan, M. D., Wm. Temple Craige, M. D.

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NEW YORK MEDICAL AND SURGICAL SOCIETY.—OFFICERS. *President*, James Macdonald, M. D. *Vice President*, John Swett, M. D. *Treasurer*, C. R. King, M. D. *Secretary*, I. E. Taylor, M. D.

Geneva Medical College, New York.—At the annual commencement on the 24th Jan. last, the degree of M. D. was conferred upon 36 graduates.

ILLUSTRATIONS AND SKETCHES OF MEDICAL QUACKERY.

The distinguished features of empiricism are large promises, stout lies, and affected sanctity.

Addison tells us of a Parisian quack, who had a boy walking before him, publishing, with a shrill voice, "My father cures all sorts of distempers." To which the quack doctor added, in a grave manner, "The child speaks truly."

The pretended piety of quacks is very effective. All their bills and books attest a variety of cures, done partly by their medicine, and partly by the blessing of God. This is very emphatical and effective, when cant is mistaken for true religion. A story is told of a man who, although he was never ill in his life, was cured of every disease incident to human nature, and swore to it also. In fact, his life was a life of continued swearing and disease.

The late Lord Gardestone, himself a valetudinarian, took the pains to inquire for those persons who had actually attested marvellous cures, and found more than two-thirds of the number died very shortly *after they had been cured.*

Horace Walpole gives us several amusing instances of distinguished victims to quackery. "Sir Robert," says he, "was killed by a lithontriptic medicine; Lord Bolingbroke by a man who pretended to cure him of a cancer in the face; and Winnington died soon after by the ignorance of a quack, who physicked and bled him to death in a few days, for a slight rheumatism."

The sentimental Yorick, in speaking of murder, makes the following observations:—"There is another species of this crime, which is seldom taken notice of, and yet can be reduced to no other class—and that is, where the life of our neighbour is shortened, and often taken away, as directly as by a weapon, by the empirical sale of nostrums and quack medicines—which ignorance and avarice blend. The loud tongue of ignorance impudently promises much,—and the ear of the sick is open. And, as many of these pretenders deal in edge tools, too many, I fear, perish with the misapplication of them. So great are the difficulties of tracing out the hidden causes of the evils to which this frame of ours is subject,—that the most candid of the profession have ever allowed and lamented how unavoidably they are in the dark. So that the best medicines, administered with the wisest heads, shall often do the mischief they are intended to prevent. These are misfortunes to which we are subject in this state of darkness;—but when men without skill,—without education,—without knowledge, either of the distemper, or even of what they sell—make merchandise of the miserable—and, from a dishonest principle, trifle with the pains of the unfortunate, too often with their lives—and from the mere motive of a dishonest gain,—every such instance of a person bereft of life by the hand of ignorance, can be considered in no other light than a branch of the same root. It is murder in the true sense;—which, though not cognizable by the laws,—by the laws of right, to every man's own mind and conscience, must appear equally black and detestable."

"Within a very short period," says a retailer of medical gossip, "flourished, in the Isle of Wight, a man who was formerly mate of a ship. This fellow began his career at Lymington; and, happily for the inhabitants of Cowes, continued it there: I say, happily, for the credulous came to him in droves, and all the lodgings in the town were occupied. He was a blessing to the owners of boats and packets, and the public houses there. This wonderful man pretended to cure the sick, the lame, the halt, and the blind. The applications were so many, that he formed a committee, by whom the patients were to be introduced twelve per diem. It must be confessed that his mode of healing the lame and the palsied was ingenious. He broke their crutches and hung them up in his hall of audience, as trophies of his skill! Some of the patients were cured by being frightened. At length the bubble burst; people were obliged to buy new crutches: others dying, had no necessity for such purchase; and the rest had their excursion for nothing.—*Physic and Physicians.*

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Pretended Cure of Cataract by Prussic Acid.—In our first No., p. 12, we alluded to the charlatanerie of Mr. Turnbull, who professed to effect cures of cataract, opacities of the cornea, amaurosis, &c., by the vapour of prussic acid. Mr. J. B. Estlin, the distinguished surgeon to the Bristol Dispensary of the cure of complaints of the eye, relates in the *Provincial Journal*, (Dec. 10, 1842,) a case which fully confirms the correctness of our views as to the character of Mr. T., and the efficacy of his remedy.

The patient, a Mr. C., labouring under inflammation of the eye, applied to Mr. Estlin, and gave the following account of himself. He stated that he had been for some time the subject of cataract in the left eye; 'being desirous of its removal, he had consulted Mr. John Soden, of Bath, who advised him, as his power of seeing with the right eye was very perfect, not to undergo an operation upon the left. Having seen in the Bath newspapers an article copied from the "Literary Gazette," stating upon the *authority of the editor* of that periodical, that a certain physician in London cured cataracts by the application of the vapour of prussic acid, he went to London and placed himself under the care of this practitioner, who gave him every encouragement to believe that the cataract would speedily be dissolved, and who daily applied the prussic acid, expressing himself satisfied with the progress of the cure. At the end of two or three weeks, finding his eye not improved, Mr. C. said he could remain no longer in London; the physician then *performed an operation* upon the cataract with an instrument, which was followed by the violent inflammation I saw, and while suffering from it he was obliged to return into the country. 'For four consecutive weeks (we quote the patient, Mr. C.'s, words) did he (Mr. Turnbull) apply the prussic acid to my eye. The method which he practised was this. I applied to him; he examined the eye, and professed to restore it to perfect health in a few days by the external application of prussic acid. He applied it to the eye; each successive day he appeared to discover an improvement, and repeatedly declared to me that he had known a cataract dissolve in twelve hours after the application of the acid. I consequently expected to awake some morning in the full possession of brilliant sight. He did not perform the operation which has caused me so much agony till three weeks had expired, because not till that time had the prussic acid *made the cataract to form on the surface of the eye.*' Mr. C. states that during this attendance he paid the usual physicians' fees. After pursuing the plan I had prescribed for him, Mr. C. writes me word, the pain and inflammation gradually subsided, and at the date of his last letter (November 16), he expected in a few days the inflammation would be entirely removed: neither the prussic acid, however, nor the operation had dispersed the cataract.

What will the editor of the Literary Gazette now say to those cures which he professes to have actually *seen* performed! It is manifest that he has been the dupe of a charlatan.

Victim to Homœopathy.—Some excitement, it appears, from our recent Journals by the Acadia, has been created in London by the death of Lady Denbigh, under the treatment of two disciples of Hahnemann. The lady was attacked with puerperal convulsions, against which infinitesimal doses were of course impotent, apoplectic coma followed, and death closed the scene.

Malibran died at Manchester in the hands of the same description of gentry.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Discovery of a direct communication between the Pulmonary Air Vesicles and the Pulmonary Veins.—Professor Horner, of the University of Pennsylvania, whose skill in minute anatomical injections is unrivaled, has succeeded in injecting a fluid from the air cells of the lungs into the pulmonary veins, none of it passing into the arteries. Dr. H. is now engaged in further experiments relative to this subject, and intends communicating an account of them for publication in the next number of the American Journal of the Medical Sciences.

Ligature of the common Iliac Artery.—The patient on whom this operation was performed last summer by Dr. Peace, in the Pennsylvania Hospital, is now entirely cured. We understand that the operator has furnished for the next No. of the *American Journal*, full details of this very interesting case, the result of which is so creditable to his skill.

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Meum and Tuum.—We observe that the editors of the *Western Journal of Med. and Surgery* have done the editor of the *American Journal of the Medical Sciences* the honour to estimate several of the articles of his quarterly summary of sufficient value to be transferred to the pages of their Journal. They have considered the compliment of making use of his labours, however, sufficient, without thinking it necessary to make the acknowledgment which bare justice requires in such a case.

—

Eastern Penitentiary.—Dr. Edw. Hartshorne has been elected Resident Physician to this Institution. An excellent appointment.

—

BRODIE'S *Lecture on the Diseases of the Urinary Organs.*—Some misapprehension seems to exist in regard to the edition of this work, recently issued by Messrs. Lea & Blanchard. It is a *reprint* from the third London edition, into which the author has introduced the results of his later and more extended experience. The alterations and additions announced in the title-page are by the *author*. It is almost unnecessary to add, that the work is one of the highest authority.

FOREIGN INTELLIGENCE.

Ligature of Aorta.—Dr. Monteiro, of Rio Janeiro, in July last, it is said, applied a ligature to the abdominal aorta immediately above its bifurcation. The patient died on the 10th day.

—

Inoculation in Measles.—A Hungarian physician, Dr. Katona, is said to have communicated measles by inoculation with the fluid from a vesicle and the tears of a patient labouring under that disease.

—

Spermatozoa within the Mammiferous Ovum.—Dr. MARTIN BARRY read to the Royal Society on the 8th of December last, a paper in which he stated that he had discovered spermatozoa within the ova of a rabbit taken 24 hours post coitum from the Fallopian tube.

—

Extraordinary Example of Plagiarism.—The *Provincial Medical Journal*, of 21st January last, contains the following statement.

"The compendium of Dr. Jonathan Green, published as an *original* work, dedicated to Sir Henry Halford, and highly lauded by every section of the medical press, is a *mere translation from beginning to end* of the 'Abrégé Practique des Maladies de la Peau,' by MM. Cazenave and Schedel. A few original cases, it is true, have been added by Dr. Green, and here and there, at the commmencement of a chapter, we find a few lines of introductory matter; but with these exceptions, the whole work, from beginning to end—the arrangement of cutaneous diseases—the description of symptoms and treatment—the order of the several chapters—and the well-known essay on the syphilides—the *whole*, we repeat, is a mere translation of the work of M. Cazenave.

"How any man pretending to a literary reputation, or to reputation of any kind, could have been guilty of such wholesale appropriation of another's goods, we cannot pretend to divine, nor explain how this transaction hitherto escaped the notice of our brother critics."

—

Silver Tea-spoon, which had been Swallowed, discharged through an Abscess in the Gastric Region.—Dr. OGMUNDSEN relates, in a recent No. of the *Zeitschrift fur die Gesammte Medicin*, the case of a man who, during an attack of mania, with a view to suicide, swallowed a silver tea-spoon. A year afterwards this spoon was discharged from an abscess in the gastric region. The patient recovered.

—

Sweating Sickness.—This pestiferous disease, which caused such ravages in England in the 14th and 15th centuries, has prevailed in some of the departments of France during the past year. In the department of Dordogne, out of a population of 82,200 persons, 10,400 were attacked, of whom 800 perished, being a mortality of 1 in 13. It was observed to rage mostly in marshy situations, and to be best treated in a similar manner to intermittent fever, viz. with quinine, and other tonics, taking particular care to interfere in no way with the march of the miliary eruption.—*Gazette des Hôpitaux.*

—

Preservation of Leeches.—A writer in the *Annals of Chemistry*, gives the following method of preserving leeches, which is a very simple one, and may prove useful to country practitioners.

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A quantity of pure clay is procured, to which must be added as much pure water as will make it so plastic as to be easily formed into *irregular shaped balls*, say two inches and a half in diameter. These are placed into a square deep wooden box, or, what will answer equally well, a five gallon keg; *a cover is quite unnecessary*. The leeches are then put in, immediately on which they creep down the sides of the balls of clay, and there remain. When required for use, the balls are carefully removed, and the leeches are taken out. It will invariably be found, that leeches kept in this way will, without hesitation and at once, lay hold of any part to which they may be applied. It will be borne in mind that the balls must be renewed weekly.

—

Successful Treatment of Idiocy.—M. Seguin, a young philanthropist, who has devoted himself to the instruction of children afflicted with idiocy, proposed to teach after his method a number of children taken from the hospitals. The *Conseil des Hospices*, on the report of M. Orfila, granted his request. He was entrusted with twelve children, from the age of eight to sixteen, who were living in the Hospital of Incurables, and who were certified to be idiots of reputed incurability. Not one of them could read or write; several could but stammer a few words; others merely uttered a few inarticulate sounds; some were epileptic, and three or four had continual convulsive movements. After a year of assiduity, M. Seguin presented the children to a commission composed of MM. Fouché, Halper, and Orfila. It was found that they could all read, and that some could write copies; that almost all spoke distinctly, and that their answers were correct; some could add, subtract, and even multiply.

They had also gained much physically, so that those children who before were merely a burden to the house, are now of use to it. —*Lond. Med. Gaz.* Nov. 1842, from *Gaz. Med. de Paris*, Oct. 1842.

—

Influence of Solar Eclipses on Animals.—M. Arago, in his acccount to the Academy of Sciences of the solar eclipse of 8th July last, stated that he had often heard accounts of birds dying from the mere influence of an eclipse of the sun; but could scarcely credit the statement, as they could only die from fear; and the discharge of a gun ought to frighten them much more, and yet it is certain that it does not kill them, unless they are actually hit. One of M. Arago's friends made the following experiment:—He placed five linnets in a cage, they were lively and active, and fed up to the moment of the eclipse, when the eclipse had terminated three of them were dead.

A dog was kept fasting from morning; immediately before the eclipse he was offered food and fell on it greedily; but when the dusk commenced, he suddenly ceased eating.

The horned cattle in the fields seemed affected with a kind of vague terror; during the eclipse they lay down in a circle, their heads being arranged towards the circumference, as if to face a common danger.

The darkness influenced even the smallest animals. M. Fraisse observed a number of mice which were running briskly, become suddenly still when the eclipse began.

—

Accident to Baron Berzelius.—This eminent chemist narrowly escaped with his life from an explosion in his laboratory, whilst pursuing some investigation.

—

M. Louis has been promoted to [redacted] of Officer of the Legion of Honour.

—

French Royal Academy of Medicine.—Sir James Clark, Dr. Abercromby, Dr. Bright, Dr. Hall, Mr. Samuel Cooper, Mr. Guthrie, Mr. Lawrence, and Mr. Travers, have recently been appointed honorary members of this body.

—

University College Hospital.—The Medical officers of this institution contribute something over 3,000*l.* per annum towards its support; the public about 550*l.*—*Prov. Med. Journ.*

—

Hydrogen a Metal.—M. Dumas is said to have recently expressed the opinion that hydrogen should no longer be considered as a metalloid, but a real metal: he asserts it to be a gaseous metal, as mercury is a liquid metal.

TO READERS AND CORRESPONDENTS.

We have an interesting clinical lecture by Professor Jackson for our next number.

—

The hiatus which *appears* to exist between the introductory and second lecture of Dr. Watson, is *owing to an error in the paging*.

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THE

MEDICAL NEWS

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VOL. I. APRIL, 1843. No. 4.

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CLINICS.

PENNSYLVANIA HOSPITAL.

Physician, Dr. William Pepper; Surgeon, Dr. George W. Norris.

Admissions since Feb. 21st, for medical diseases, 27; pregnant, 6; infants born, 3; injuries and surgical diseases, 16; recent accidental injuries, 12; total, 63.

Among the accidental cases were admitted 2 contusions; 1 burn, involving nearly four-fifths of the surface of the body; 1 injury from a powder blast, destroying both eyes; 2 incised wounds; 1 transverse fracture of the lower third of the humerus; 1 fractured radius; 1 transverse fracture of the lower third of the femur in a limb previously affected with bony anchylosis of the knee in the semiflexed position; and 1 dislocation of the humerus into the axilla, of six days' duration.

Discharged since Feb. 21st, women safely delivered, 8; infants in health, 7; patients cured, 35; relieved, 13; died, 3; total, 66.

Among the accidental cases discharged were 2 contusions, cured; 1 extensive burn, dead; 1 incised wound of trivial character, relieved; 2 sprained ankles, cured; and 1 luxated humerus easily reduced without the pulleys, six days after the accident.

Quarterly Tabular Account.

Cases admitted since January 1st, 1843, medical, 55; obstetrical, 15; infants born, 10; surgical, 66; total, 146.

Cases discharged, medical, 39; dead, 6; obstetrical, adults, 13; infants, 10; still-born, 3; surgical, 73; dead, 3; total, 144.

Cases remaining, medical, 34; obstetrical, adults, 7; infants, 2; surgical, 40; total, 87.

EDWARD HARTSHORNE, M. D.,
February 27th. Resident Physician.

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year payable in advance.

This number contains one sheet, and will pay newspaper postage. It is printed 32 pages to a sheet.

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Clinical Lecture on Suppurative Phlebitis, delivered at the Middlesex Hospital, Dec. 10, 1842. By Dr. Watson.

Gentlemen,—I have this day to address myself to a case which has terminated fatally, in the person of a boy who lay in Pepy's ward, as you remember, in a very distressing condition. This boy, named John Windsor, twelve years old, was admitted on the 22nd of November. He then looked pale and very ill; his features were pinched and expressive of great suffering; his tongue dry; his lips and teeth black with sordes; his pulse so high as 124; he complained of being in pain "everywhere," and lay with his lower limbs flexed towards the trunk; pressure on the abdomen increased his pain; he had cough, also, and pain in the precordial region.

It was stated by his brother, that a fortnight before he had been attacked with flushes of heat; shivering and pains in his bones; and a week before his admission the pain in his abdomen began; his bowels had been much relaxed, the stools were reported to have been very unnatural, of a greenish colour; his urine was plentiful but high coloured; he had been somewhat delirious for several days, and especially so for several nights.

After his admission you saw him; his tongue became and remained clean, and he answered questions rationally, though always in a very complaining manner, and with a pitiful aspect, as though he was in much agony. It was soon found that his left hip was swelled a little, and there was some fulness and tenderness in the right loin. He could not attempt to extend his legs without appearing to suffer greatly; the hip and the back were excessively tender; indeed, wherever he was touched he called out that he was hurt—whether the pressure, however slight, was made on the shoulders, the abdomen, the hips, or the limbs generally.

At its first aspect, this case looked like a case of continued fever simply; but it soon became plain that he was labouring under a still more serious disorder. You may remember my having observed to you, more than once, that the poor boy must die, and that probably we should discover suppuration and extensive mischief in various parts of his body, and especially in his joints. Nothing administered did him any good; no treatment afforded him relief. For a short time, indeed, his bowels were improved in condition, but that amendment was temporary, and very transient. He gradually became weaker, incontrollable diarrhœa set in; his pulse rose to 140; and on the 7th inst. he expired.

On the next day his body was examined. Here is Mr. Anthony's report of the examination, which I shall read:—

Head.—The sinuses and veins of the pia mater were distended with blood, but there was no serous effusion into the ventricles, or elsewhere; the cavity of the internal ear on both sides was examined, but nothing unnatural observed.

Thorax.—Upon the removal of the sternum, a quantity of pus gushed from the left pleura. Lymph was deposited in patches upon the pleura, covering the lower lobe of each lung; the pericardium was distended with a large quantity of clear serum; and on the surface of the heart were some granular deposits of coagulable lymph; the inner surface of the heart was nearly, or perhaps quite, healthy.

Abdomen.—The viscera and intestines were healthy, but when the left mesocolon was raised, and turned back towards the right side, a large bag of matter came into view between the peritoneum and the fascia transversalis. This communicated with similar purulent collections in the pelvis, alongside the rectum.

Spine.—The spinal cavity was laid open from behind, and in its whole length the theca was separated from the medulla by pus.

Joints.—Both hip-joints were full of pus; so was the right shoulder; there were abscesses in the cellular tissue near each wrist; the knee-joints were free from pus.

The Veins were carefully examined—the larger veins nearly all of them; in a portion of the left axillary were some slight traces of inflammatory action, and two of the communicating veins were blocked up by fibrin. The cellular tissue about the insteps and ancles was œdematous. There were no collections of pus in the substance of the brain, lungs, or liver.

This has been a well marked instance of a very frightful and fatal malady; inflammation mostly, but not necessarily, going on to suppuration in various parts of the body, and produced (so we believe) by the mixture of pus, or of some other morbid product or morbid secretion, with the circulating blood. It is this malady which gives to many fatal

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injuries, and to many—nay, to most fatal operations, their mortal character. It is of surpassing importance, therefore, to the surgeon; it is the same malady which gives origin to so many fatal cases of puerperal fever; it is, therefore, of the deepest interest to the accoucheur; it is scarcely of less interest to the physician.

These scattered inflammations—these collections of pus, disseminated through the body—occupying here and there the liver, the lungs, the brain, the cellular tissue, the muscles, the serous cavities, the joints—can scarcely be accounted for, but on the supposition that the blood, which reaches all those parts, is vitiated. It is unlikely, in the highest degree, that inflammation should simultaneously occur in so many separate and distant spots without some such links of connection. Pathologists, Cruveilhier especially, have experimented on this subject; they have injected pus into the veins of living animals, and found in their dead carcasses just such appearances as this boy's body presents; and they have observed in those animals symptoms, before death, very similar to those which human patients, labouring under this malady, display.

It was long a familiar fact that fractures of the skull, which proved fatal, were frequently accompanied by circumscribed abscesses in the liver. And whimsical explanations of this fact were given; how there was some occult sympathy between the brain and the liver; or how the liver was jarred and hurt by the accident whereby the skull had been broken. Its true explanation was reserved for modern times; it arises from the introduction of pus into the blood. To the same causes are to be ascribed the abscesses and internal inflammation, which follow certain cases of amputation; and not of amputation merely, but of operations which seem less perilous, such as putting a ligature on a varicose vein; tying a hæmorrhoidal tumour; simple venesection; nay, a patient of mine, in this hospital, some years ago, lost her life in consequence of the supervention of the malady I am speaking of, after the excision of some spongy irritable little growths about the orifice of her urethra, by the late Dr. Ley.

In those latter instances there was no pus, you may say, to enter the blood; no primary suppuration; none, at least, that was obvious. True, there was none, until the dead body was inspected; and then, in such cases as these, inflammation of a vein or veins, phlebitis, has been discovered—phlebitis which had passed into the suppurative stage.

It was at one time a subject of debate, whether those collections of pus were the result of inflammation of the texture in which they are found—or whether they were simply deposits of pus, the pus having been carried in substance, and entangled or somehow laid down in those spots. This last was a very extravagant conjecture. It was suggested, I fancy, chiefly by the circumstance that the collections of pus *sometimes* form without the occurrence of any of the ordinary symptoms of inflammation of the affected tissues. Sometimes, I say, but not always, the inflammation is latent. In this boy it was attended with a remarkable degree of pain.

But there are some difficulties attending this theory, and objections may be made, which you should be prepared to obviate. Pus—it will be said, and very truly said—pus is, in innumerable instances, absorbed into the blood without any such formidable consequences. We see great abscesses disappear, and yet no other smaller, disseminated abscesses ensue. Does not this invalidate the alleged cause of such disseminated abscesses? No; it seems that for their production pus, as such, pus in substance, pus in the mass, must be received into the veins, into the circulating torrent. Pus that is taken up by absorption has not this destructive and fatal effect; it is altered, probably, by that process.

How, then, does pus get into the circulation in consequence of an amputation? Is it not absorbed from the suppurative stump? No, I believe not. If the amputating knife crossed and sunk into a suppurating spot,—if a vein had been divided—pus might have been sucked into the vein, and the usual effects follow. But the veins leading to, or rather from, a stump become blocked up by adhesive inflammation, and impervious, before the stump has had time to suppurate. How, then, does the pus find admission? Why, it is a product, in this case also, of phlebitis; the interior of the vein inflames, and goes on to suppuration, and the pus which it pours forth mingles, as pus, with the circulating stream.

But other objections and difficulties present themselves. Cases of manifest phlebitis occur, without any disseminated abscesses or points of inflammation. Yes, there are two forms, or stages, or varieties of phlebitis—the

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adhesive and the suppurative. The blood contained in the inflamed vein coagulates and adheres to the walls of the vessel, and blocks it up—obliterates its cavity. If the vein be a small one, no great harm is done. If it be a large one—if it be the principal venous trunk of a limb, for example—its obliteration is followed by œdema of that limb. The blood cannot return freely, until the circulation through the affected vein is restored, or until a collateral venous circulation is established. This is, you know, the pathology of what is called phlegmasia dolens—so common after parturition, and whenever the femoral vein is sealed up, or greatly obstructed by the effect of adhesive inflammation, whether in males or females.

But in other cases the adhesive inflammation is succeeded by the suppurative. Sometimes pus may form harmlessly even in a large vein—namely, when the suppurating part is bounded and shut up at each end by another part in which the adhesive inflammation has prevailed; but whenever the pus finds its way into the general current of the blood, then these purulent collections are apt to occur, and the life of the patient is in imminent jeopardy.

You may, however, be told, that the veins have been diligently traced in some of those fatal cases, and that no vestige of suppuration, or even of inflammation has been found in them. To make this objection valid, *all* the veins should be scrutinised throughout the body; and that, I may venture to say, has never been done. In the case before us, Mr. Anthony searched long before he found any portion of inflamed vein; but he found it at last, slight yet distinct, in the left axillary vein. So in a terrible case which occurred in the summer to one of the students here—a case, as I understand, very similar to that of my little patient—only an inch or two of one vein, the jugular, was found to exhibit obvious traces of recent inflammation. But if none had been found in the more obvious veins, this would not satisfy me that there had been no phlebitis. The veins of the *bones* are often, I believe, the seat of the primary mischief, the fountain from which the pus, which thus renders the blood a poison, proceeds; the veins of the skull, of the diploe, when disseminated abscesses ensue upon injuries of the head; the veins of the bones of the extremities after unsuccessful operations; nay, the evidence of the venous inflammation may have disappeared. Mr. Arnott has at this time a very interesting case in the house, which he permits me to mention, and which most of you probably have seen. He had occasion to amputate a man's arm. Two or three days after the operation, the patient's pulse began to quicken; shiverings, I believe, happened, and Mr. Arnott became very apprehensive that phlebitis was taking place, and, watching narrowly for it, he soon found it. The veins of the arm, the large superficial visible veins, became swollen, hard, tender. In no long time an abscess formed in the other arm, near the elbow-joint, I think; then a great abscess in the back. The man is apparently recovering from these cross complications; and the case is excessively interesting, inasmuch as it shows (or will show, I hope), that this formidable malady, suppurative phlebitis, even when it gives rise to consecutive inflammation and suppuration here and there, is not necessarily fatal; though it is so, unfortunately, in a very large majority of instances. Now in this instance treatment was applied to the inflamed veins of the arm, and the inflammation has subsided and ceased, and all outward evidence at least of its existence has disappeared, and probably all inward evidence too; so that, were this man to die, his venous system might probably be searched in vain for any remaining traces of phlebitis—and yet we know that he has had phlebitis.

I believe, then, with Mr. Arnott, and with M. Cruveilhier, that the essence of this frightful malady is phlebitis; and that is the compendious name which we may now give it—"suppurative phlebitis." I have seen two or three instances in which it has occurred in persons who had had deafness and a chronic purulent discharge from the ear, chronic otitis. Here, no doubt, the veins of the bones of the skull, or of its membranes, became involved at last in the disease of the petrous portion of the temporal bone. I mention this, to account for the particular notice of that bone in the report of the dissection. The purulent deposits themselves are caused, it is believed, by inflammation going on to suppuration of the venous capillaries of the part.

The object of our treatment, when the phlebitis is obvious and superficial, is to subdue and resolve it, or, at any rate, to prevent its passing beyond the adhesive stage. This we do by keeping the patient at rest, by applying leeches and lotions, or fomentations to the neighbourhood of the inflamed vein, and by prescribing an abstinent and regulated diet.

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There seems to be sometimes a sort of epidemic tendency to the occurrence of phlebitis, either depending upon some existing condition of the atmosphere, or upon some peculiar state of the human body, brought about by antecedent influences. The same external circumstances that predispose to erysipelas and to hospital gangrene, predispose too, I fancy, to phlebitis, and to phlebitis of the suppurative variety. When a person is labouring under the disease, it is probably unsafe to open a large vein, lest by that slight injury we should establish a fresh local phlebitis. Indeed, after the suppurative form has once been set up, general bloodletting does no good, but diminishes the power of the system at large to struggle against the disease.

Sometimes suppurative phlebitis is attended in its course with repeated rigor, and with profuse perspirations, and (as in our patient's case) with copious and unnatural discharges from the bowels. These have been noticed in animals soon after the introduction of pus into their veins. Nature attempts, apparently, thus to eliminate the poison; and where the quantity of pus so introduced has been small, the attempt is now and then successful. But in general there is a continual supply of the noxious substance, and the system is irrecoverably infected. In all cases great agitation and a marked disturbance of the nervous system occur.

This is a subject of the greatest interest and highest importance to the surgeon, the accoucheur, and the general practitioner. To its consideration I therefore strongly urge you. If I did not suppose the most of you may have already heard, in his lectures and clinical observations, Mr. Arnott's matured experience and sentiments upon this subject, I should recommend you to read his excellent paper upon phlebitis in the Medico-Chirurgical Transactions.—*Provincial Medical Journal*, Dec. 24th, 1842.

ILLUSTRATIONS AND SKETCHES OF MEDICAL DELUSIONS.

Quackery.—People apply to quacks, for two reasons: firstly, because health is offered to them at a cheap rate; and, secondly, like drowning men, when honest practitioners give no hope, they catch at every twig. Thus, the love of life on the one hand, and the love of gain on the other, create a tolerable good correspondence between the quack and the public.

"The desire of health and ease," says the illustrious Mr. Pott, "like that of money, seems to put all understandings on a level. The avaricious are duped by every bubble, the lame and unhealthy by every quack. Each party resigns his understanding, swallows greedily, and for a time believes implicitly, the most groundless, ill-founded, and delusory promises: and nothing but loss or disappointment ever produces conviction."

That quacks sometimes succeed, when the regular medical man fails, we have no hesitation in admitting. An honest practitioner will not hold out to a patient, sinking under the influence of a mortal malady, delusive hopes of recovery; but the unprincipled charlatan says, "I can cure you—you *shall* be cured—your disease is not mortal, put faith in *me*, and I will put your ailments to flight."

Unless the patient has *faith* in his physician, but little good can be effected. This is often the secret of success. An indigestion, which has defied a Dr. Paris, or a Dr. W. Philip, has vanished before an homœopathic dose, administered by a Quin whose maxim, of taking *as little* physic as possible, is so agreeable to the generality of tastes. It is recorded, that a patient who had been pronounced incurable by the faculty, as a *dernier resort*, surrendered himself into the hands of a quack, whose promises were large and gratifying. The invalid was told that he must not, however, expect any change to take place in his malady, until the expiration of six months. A friend who saw the daily fee, and daily deceit, kindly expostulated with the sick man. "For God's sake!" he exclaimed, "destroy not the hopes which that man holds out to me; upon them I live, without them I die." Thus,

"From stratagem to stratagem we run,
And he knows most, who latest is undone."
Physic and Physicians.

Treatment of Medical Swindlers in France.—The following case and its result prove that laws may be made and executed for the suppression of quackery, without endangering the liberty of the subject, or interfering with the rights of traders, as soi-disant "*statesmen*" in England pretend to argue would be the consequence of such a course in England:—

"The gravity of the Correctional Tribunal

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of Evreux, in the Eure, was three days ago sorely put to the test by the trial of a woodman named Lemoine, called the Black Physician, who was not, like Sganarelle, *médecin malgré lui*, but made himself *médecin malgré le Procureur du Roi*. Dr. Lemoine, in short, made his appearance at the bar on a charge of practising medicine without a license and being guilty of charlatanism and fraud. He announced himself to the peasantry as a doctor sent from Heaven, and yet at the same time pretended that he possessed secrets communicated to him by Satan *in propriâ personâ*. He administered to some of his patients certain pills and potions, the cathartical effects of which were prodigious, producing in some instances a sixty-five fold force. In one instance, in order to cure a young girl of certain pains, he wrapped her in a sheepskin newly flayed from the animal, in which she had the resolution to remain enveloped for 24 hours. Another young woman, who boasted of the soundness of her health, he, by his influence, persuaded into a belief that she was seriously ill. To cure her he made her father hold a candle in each hand, and induced the patient to keep her arms extended, while he, the inspired physician, cut the throat of a fowl, caught the blood in a basin, and, mixing some drugs in it, made her swallow it. The strength of the young woman's constitution was fully proved, for she suffered no injury from this nauseous and violent remedy, but the intellects of herself and her friends were sufficiently weak to believe the assertions of the doctor, that she was thereby miraculously cured of a mortal malady. Others of his wonderful cures were performed by what he called "*la benediction des jupons.*" This was solemnized in the following manner:—He made the young girls, each wearing very short petticoats, range themselves in a line along the brink of a small rivulet, and, at a word given by him, they all stooped forward, and viewed their own faces in the limpid stream. What the effect of this salutary exhibition was did not appear in evidence. The doctor was extremely moderate in his fees, contenting himself with the smallest pieces of coin, some trifling articles of household furniture, and sometimes with board and lodging of the humblest kind for one or two days. After all, the supernatural powers of Dr. Lemoine could not save him from a sentence of three years' imprisonment by the tribunal."

Now, if this rascal had "*settled*" in London he might have reaped as rich a harvest as Long, the Irish basket maker; and instead of speculating upon the nethermost development of fifteen country wenches, wearing short petticoats, and stooping forward to view their faces in the brook, he might have studied the shapes of fifteen young ladies of quality.—*Dublin Medical Press*, Feb. 1843.

The Rising Humbug.—Hydropathy.—Homœopathy, the transcendentalism of humbug, is now sharing the fate of the thousands of other delusions which have previously prevailed, and is about being thrust aside by a newer folly. Its successor is hydropathy, and this, which is to be in a short time, and for a short time, the prevailing delusion, is thus happily sketched in an admirable article in the last No. of the *London Quarterly Review*.

"The *cold-water* system possesses the advantage (perhaps we ought rather to say the disadvantage) of being more simple, and more within the reach of vulgar comprehension, than the mysteries of homœopathy. The inventor of it is one Vincent Priessnitz, concerning whom we are supplied with the following interesting particulars by Mr. Wilson. He is 'a peasant of Silesia, built with broad shoulders, without any tendency to fat, five feet eight inches in height, with an excellent phrenological development, especially of those organs which relate to comparison, casualty [causality?], firmness, combativeness, and destructiveness; having had his front teeth knocked out; appearing a larger man at a distance than he is found to be when you are close to him; having a suspicious look; of few words; and drinking nothing but milk at his breakfast and supper.' —*The Water Cure*, &c. By *Jas. Wilson*, p. 25. London, 1842.

"The individual thus happily gifted has discovered that all diseases are to be cured by wrapping up the patients in blankets and feather-beds, so as to produce perspiration; and by the use of wet sheets, and cold baths of various kinds, and plentifully drinking cold water; and he has a large establishment at Graefenberg,* where five hundred patients are assembled for the purpose of undergoing his peculiar method of treatment. They dine daily on soup, bouilli, horse-radish sauce,

* Hydropathy; or the Cold Water Cure, &c. By R. J. Claridge, Esq., p. 136. London, 1842.

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veal, mutton, plumb-sauce, potatoes, and pork, &c. &c.; eating as much as they can, and sometimes too much; and drinking prodigious quantities of cold water. They take exercise daily, by walking and sawing wood; and are not allowed to wear flannel. Whether it be better to sleep or walk after dinner is not yet determined; and we conclude that in this respect the patients do as they please. On Sunday evenings, after supper, they dance, have music, and play cards.

"The authors [Claridge, Wilson and Feldman] of the last three works prefixed to this article have undertaken to explain his system for the benefit of the English public. Mr. Claridge is a gentleman of some literary accomplishments, being especially a proficient in that style of composition which is distinguished by the name of 'rigmarole.' He is an admirer of Priessnitz merely as a philanthropist and amateur, not seeking to enter into competition with him as a practitioner: but Mr. Wilson, physician to his Serene Highness the Prince of Nassau, has, we believe, set up a water-establishment of his own somewhere in this country; and, although a great admirer of Priessnitz, thinks that his system admits of improvement in many respects. He must at any rate know a good deal about it, having resided at Graefenberg for eight months;* followed Priessnitz like a shadow; having taken in his own person 500 cold-baths, 2400 sit-baths, reposed 480 hours in wet sheets, and drunk 3500 tumblers (we suppose rather more than three hogsheads) of cold water. Dr. Feldmann also is a physician, *belonging to several medical universities*, having a great horror of quacks, especially of English apothecaries and French physicians, and himself a practitioner on the cold-water system. Dr. Feldmann's faith, however, is not so complete as that of Mr. Claridge, nor even of Mr. Wilson. He thinks that drugs are necessary also, and he administers them in a way peculiar to himself.† To rich old ladies and gentlemen who think themselves ill, but are not so in reality, he gives twelve papers of white sugar, directing that one shall be taken daily. When this begins to disagree with the patient, in order that *aliquid fecisse videatur*, he gives an agreeably-scented water, with a delicate syrup, ordering a table-spoonful to be taken daily, exactly at eleven o'clock; and he has found this method of proceeding to give the greatest satisfaction to his patients. In other cases, we conclude (for Dr. Feldmann does not absolutely say so) that he has recourse to more active remedies; and he has ascertained that great evils have arisen at the Graefenberg establishment in consequence of Priessnitz trusting too exclusively to cold water. Hundreds of patients have left it without having derived the least benefit, after having passed several weeks in the vain expectation of a salutary crisis in the shape of an immense eruption of boils.* Hundreds have drunk themselves into a dropsy. But he adds,—

"'I am, notwithstanding, convinced that the cold-water system is inseparable from medical science. I am equally certain that it can be applied with safety and effect only several days after the body has been in a state of perspiration as prescribed. This is a *conditio sine quâ non*. My method of applying cold water is, however, altogether different from that practised at Graefenberg: for, in the first place, I am of opinion that the application of cold water, or the use of the cold bath, should never be allowed during, or immediately after, a state of perspiration, but only a considerable time after; *secondly*, I object to the use of the entire cold-bath at the commencement of medical treatment; *thirdly*, I differ from Priessnitz in thinking that every patient should have a morbific crisis, that is, an eruption of boils,' &c. &c.

"Who shall decide where doctors disagree? We certainly, in this instance at least, shall undertake no such responsibility. * . *

"But whatever may be the good derived from exercise, perspiration, and abstinence, the Graefenberg system, or *hydropathy*, as Mr. Claridge† (perhaps facetiously) calls it, will owe its reputation not so much to these old-fashioned remedies as to the novelty of wet sheets, drenching with cold water, sit-baths, &c.; and these will assuredly prevail, and cause it to flourish for a season, until some person of note, who has submitted to this mode of treatment, is crippled by a rheumatic fever, or dead from a carbuncle, or until some fresher novelty arises to push it from its stool,

* Wilson, p. 68.

† Quacks and Quackery Unmasked; or Strictures on the Medical art as now practised by Physicians, &c., with Hints upon a Simple Method in connection with the Cold Water cure. By J. C. Feldman, M. D. London, 1842.

* Ibid., p. 109.

† From ὕδωρ and πάθος. The literal meaning of hydropathy is, therefore, "diseases produced by water."

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and furnish another instance of the transitory nature of earthly glory.

"That there will be other projects of the same description, and that there will be always some new delusion to succeed to an old one, can be a matter of no doubt in the mind of any one who is at the pains to consider the circumstances to which such projects and such delusions are indebted for their origin."

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Remarkable Male Precocity.—There has recently been exhibited at Mobile, Ala., a mulatto boy not quite four years old, who weighs 82 pounds, and is upwards of four feet high. A very full account of this case has been sent for publication in the American Journal of the American Sciences.

Bugs voided from the Bowels.—Dr. M. Killian, of Little Rock, Ark., has communicated to us the case of a negro man, otherwise healthy, who has periodical attacks, every few months, of pain in the umbilical region, which is followed by a discharge per anum of bugs, sometimes in large numbers. These bugs he describes as being somewhat larger than the common house-fly, but much longer; their wings not well shaped for flying; legs long and well formed. These bugs are easily dislodged by the operation of a drastic purgative, which affords entire relief for the time. We hope he will procure and furnish us some of these bugs, that we may determine to what genus they belong.

Jujube Paste.—United States Circuit Court, Dec. 1, 1842, before Judge Thompson. F. & N. G. Carnes v. Jesse Hoyt.

The plaintiff, in 1840, paid duties, under protest, on jujube paste, and also on De Regnauld paste. The collector, under instructions from the Treasury, declaring them to come under the class of "comfits and sweetmeats prepared in sugar and brandy, and liable to 25 per cent. duty, while the plaintiffs alleged them to be medicinal articles, and entitled to pass duty free. Mr. Delluc (firm of Souillard, Delluc & Co.) and other witnesses, stated "jujube paste to be composed of jujube (a pectoral fruit resembling a plum,) gum arabic, sugar and water; and the other paste to be gum arabic, sugar, water and balsam tolu, and to be used in coughs and colds. Jujube paste is made in the proportion of 1 lb. jujube, (boiled to a strong decoction) 8 lbs. gum arabic, 5 lbs. sugar and 20 lbs. water. The jury found a verdict, declaring the article, not to be "comfits or sweetmeats," and entitled to duty free. —*New York American, newspaper.*

Medical Liberality.—Dr. J. C. Warren, of Boston, has made a donation of $1000 to the Massachusetts General Hospital, which sum is to be invested and the interest annually applied to the purchase of books for the use and benefit of the patients at that Institution. We may again ask what other profession is so liberal in its charities as the medical?

Medical Graduates.—University of Pennsylvania, 117; Medical department of Harvard University, 19; Columbia College, Washington, 8; Jefferson Medical College, 46; Pennsylvania Medical College, 23; Transylvania University, Lexington, 57.

Charity Hospital, New Orleans.—The number of patients admitted into this institution during the year 1842, was 4404; of which number 3516 were discharged, and 704 died: of the whole number admitted, 955 were natives of the United States, and 3449 of foreign countries; of which Ireland furnished the largest number, 1792. The number admitted into the Lunatic Asylum from its opening on the 31st July, 1841, to the 1st January, 1843, was 120; of whom 53 were discharged, 26 died, 12 absconded, and 29 remain.

Lunatics and Idiots in New Jersey.—The Legislature of New Jersey has just passed a law authorizing the supervisors of the various towns in the state, in any case where there is a reasonable hope of restoring one of these unfortunates to reason, to send him or her to either the New York or Philadelphia Lunatic Asylum, and there to maintain him at the expense of the town, for such period as may be deemed advisable.

Pennsylvania Hospital.—Clinical Instruction.—The present able medical officers of the Pennsylvania Hospital propose to render that institution still more useful than hitherto, as a clinical school. During the summer months clinical instruction will be

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given to a private class, by the gentlemen having charge of the house. In the course of instruction proposed, students will be trained in the practical study of disease at the bed-side during the daily visits to the wards, and also have a series of lectures delivered on some of the most important subjects presenting themselves in the practice of the house.

From April to July, *Medicine*, Dr. Pepper.
" " *Surgery*, Dr. Norris.
July to Nov. *Medicine*, Dr. Stewardson.
" " *Surgery*, Dr. E. Peace.

Fee for the course, including the privilege of attending the practice of the house for one year, $30.

For those already holding the ticket of the house, $20.

We take pleasure in inviting the attention of students to this course of instruction, and would strongly urge them to profit by it. A single such course would contribute more to render them *practitioners* than a century of mere "grinding" and "quizzing."

FOREIGN INTELLIGENCE.

Mesmeric Amputation.—On Tuesday the 22d November, a great gun was fired in the Royal Medico-Chirurgical Society, which was expected to demolish the whole tribe of sceptics who have opposed the occult arts of mesmeric necromancy, for some time past. Dr. Elliotson headed the corps, which was a very numerous one—(some forty mesmeric disciples having got into the camp as visitors)—and he had generals, captains, civil engineers, barristers, chirurgeons, and others, *minoris notæ*, in his train. Of the prudence which guided the counsel in admitting the paper in question, we will say nothing. Sir B. Brodie and others condemned it; and, at the beginning, we were of the same opinion; but, before the evening was over, we were satisfied that "all was for the best." The cause was opened by Counsellor Topham, who somewhat triumphantly observed that, as the paper contained nothing but authentic and incontrovertible *facts*, he would not make a single comment, nor offer a word of explanation.

The facts of the case were shortly these. A labouring man suffered for five years from disease of the knee-joint, ending in ulceration of the cartilages. He had continued to work, though in great pain, and with increasing emaciation, till he was received into the "*district hospital at Willow, near Ollerton Notts.*" It was not till the 9th September, that Mr. Topham saw him, and then commenced the mesmeric processes, which he continued daily, with more or less effect in setting the sufferer to sleep. Mr. Ward, the surgeon, was absent for most part of the time between the above date and the 1st or 2d October, the day of operation. Mr. Topham, the Counsellor, had the patient, therefore, all to himself, and there can be little doubt that he *counselled* him to some purpose. Be that as it may, on the 1st of October the mesmeriser, after exhibiting a *quantum suf.* of the unknown influence, threw the patient into a profound coma, and took the precaution to keep his own fingers on the patient's eyelids during the amputation, which was performed by Mr. Ward. "*Soon after the second incision, a moaning was heard from the patient, which continued at intervals until the conclusion.*" "It gave me the idea of a troubled dream." When the operation was over, the man seemed a little bewildered, and then exclaimed—"*I bless the Lord to find it's all over.*" How did he know this, if he were in a profound state of insensibility all the time? When questioned, he observed that he felt no pain, but once "*felt as if he heard a kind of crunching,*"—evidently the sawing of the bone. The man is recovering.

Mr. Ward's part of the account adds little to Counsellor Topham's, and is corroborative of the lawyer's statement. But the surgeon lets out one or two particulars of a most unfortunate nature, which, in the discussion at the Society afterwards, turned the Great Gun against the gunners themselves. Mr. Ward observes that "the extreme quivering or rapid action of the divided muscular fibres *was less than usual.*" And again, "*I touched the divided end of the sciatic nerve, without any increase of the low moaning.*" Ah! Mr. Ward, we fear you have not studied the "*reflex function*" under our friend Marshall Hall, or you would never have marked the above passage in *Italics!!* But more of that anon. What now is the amount of all these *facts*, which were to silence the Society and the profession? The whole amounted to this miserable *non sequitur*—this "lame and impotent conclusion"—that *non-expression* of pain is a proof of its *non-existence!!* Is it not humiliating to medical science that a barrister, a physician, and one or two surgeons, should come forth in a learned and royal society to uphold such a piece of ratiocination as the above in the present day.

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Mr. Alcock, Dr. Johnson, and others exposed its fallacy, while Sir B. Brodie and others showed that nothing was more common than patients undergoing the most painful operations, without wincing, without saying a word, or *evincing* the slightest feeling of pain. But would any man, who had an ounce of brain, or an atom of reason, believe that these patients had no *sensation* of pain at the time? Certainly not. They felt the pain; but they had command over their feelings, and betrayed no sensation of agony at the moment.

The mesmeric party cut a remarkably poor figure, and looked not a little foolish when Dr. M. Hall rose, and said that the operation in question proved a great deal too much; for, unless the Notts farmer was constituted in a different manner from all other animals, the instant the sciatic nerve of the amputated limb was touched—even if the patient had been previously decapitated, (which must have induced a tolerable degree of coma), the other extremity, which lay motionless, would have kicked most manfully! This experiment, therefore, he asserted, proved beyond the possibility of a doubt, that the quiescence of the man, under the operation, was a voluntary effort of the will controlling the feelings of suffering. Beaten at all points, the Leader of the forlorn hope was obliged to fall back on the mesmeric sleep, so often induced by the Barrister, and the improvement of the man's health during the time he was being daily mesmerized at the hospital. That the pokings and pawings, the strokings and clawings of the necromancer should have often set the poor ignorant peasant asleep, or apparently asleep, we do not deny—and that the rest, comfort, and other means secured by an hospital, should have produced an amended state of health, we may also admit, without subscribing to the monstrous absurdity, and the anti-physiological phenomena of the narrative in question. The party, however, notwithstanding all their mustering, manœuvering, and packing, were completely put to the rout in every direction! They may now appeal to the *gaubemouches* of the public; but they will not soon try their mountebank tricks again before the profession.—*Medico-Chirurgical Review*, Jan. 1843.

Consequences of the accidental introduction of pieces of glass into the body.—M. Eck, of Berlin, reports in the "Medic. Zeitung," 1842, No. 32, that a Prussian subaltern officer was affected with a partial paralysis of the right arm, which had resisted all the general and local means of treatment employed for its removal. This paralysis, which chiefly exhibited itself in the flexor muscles, had been preceded in its commencement by sharp pains, extending from the palmer surface of the thumb along the forearm and humerus. M. Eck examined the thumb on its palmer side, and on observing several old cicatrices there, he elicited from the patient that a few years previously he had fallen down with a bottle in his hand, several fragments of which had penetrated his thumb; but, as he had been assured, every one of these was afterwards extracted. M. Eck, however, rationally conceiving that some fragment might still remain to keep up the present symptoms, pressed each of the cicatrices with some force, which operation in one place caused acute pain. He accordingly made a deep incision in that place, and on probing it with the end of a bistoury he found his instrument distinctly to strike against a hard and gritty substance. After the hemorrhage had been in some degree assuaged, M. Eck, who now made out clearly that this substance was a piece of glass, extracted it by the help of a pair of forceps, dressed with charpie; but with considerable difficulty, so deeply was it imbedded, and closely enveloped with the surrounding structures. It proved to be about half an inch in length, and of a curvilinear shape, its larger extremity having been the more deeply seated. On its removal the patient soon recovered the complete use of his arm.

In the "Gazette des Hôpitaux" for the 22nd Dec. ult., is detailed the case of a man who having severely cut himself by treading on some broken glass in his bedroom, entered the Hôtel Dieu, Paris, where his wound was healed, the continuance of a piece of glass, deeply seated within it, not being recognised; but about five months afterwards he was unable from pain to put his foot to the ground and he re-entered the hospital. M. Breschet, after ascertaining the fact that a foreign body still remained within the foot, made a crucial incision in the sole, and extracted a piece of glass, nearly an inch in length by half an inch in breadth, from the space between the first and second metatarsal bones. A severe attack of phlebitis supervened after the operation, as far upwards as the groin, and which was not overcome

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CLINICS.

WILLS HOSPITAL.

SERVICE OF DR. PARRISH.

Quarterly Report.—In the Hospital, on the 1st January 1843, 23: admitted during the months of January, February, and March, 18; total, 41. Discharged during the quarter, 15; leaving in the Hospital, April 1, 1843, 26. In Hospital, January 1, with diseases of the eyes, 18; ditto limbs, 5. Admitted since, with diseases of the eyes, 17; ditto limbs, 1; total, 41. Discharged during the quarter affected with diseases of the eyes, 14; ditto limbs, 1. Leaving in Hospital with diseases of the eyes, 21; ditto limbs, 5. Of those discharged there were, cured, 14; relieved, 1; total, 15. The number of out patients was 26.

GEO. W. BURWELL,
Resident Physician.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Quackery.—It is a singular thing in history, that neither thought nor study, nor apprenticeship, nor preparation of any sort, is necessary to accomplish the perfect quack. He springs out at once from obscurity and ignorance; completely consummate. Like Pallas, when she jumped all armed from the brains of Jove, so is the quack. He is cased all over in native brass, from top to toe—armed in scale, like the serpent, and like him, he is not wanting in fangs. Other pursuits require patience, time, reading, and long practice, before the profession is allowed to act. The lawyer studies five years, the surgeon, the physician, the apothecary, the painter, and the sculptor, as many: the shoemaker, the carpenter, the joiner, each has his long period of probation. But the quack has *none!* He is utterly ignorant of simples. The natures of the commonest

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year payable in advance.

This number contains one sheet, and will pay newspaper postage. It is printed 32 *pages to a sheet.*

VOL. I.—5

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herbs are unknown to him. He is ignorant of the alphabet of medicine. *Yet he thrives;* he runs laughing through (*and at*) the world.

A celebrated quack was once visited by an old acquaintance, from the country. (They had been parish boys together, had tossed dumps into a hole together, and had cheated each other at marbles.) "*I'm glad to see thee'st got on so vinely, Zam,*" said the rustic; "*but how is't, man? Thee know'st, thee never had no more brains nor a pumpkin.*" He was proceeding in this agreeable manner when the quack took him to the window, and bade him count the passers by. After the lapse of a minute or two, he inquired how many had passed: the tiller of the land answered, "*nointy*—or mayhap, a *hundred.*" "And how many wise men do you suppose were amongst this hundred?" said the other. "Mayhap, ONE," was the reply. "Well," returned the quack, "*all the rest are mine.*"

This story is, perhaps, somewhat musty, but it is a good story nevertheless, and comprehends a moral. When we declaim against the iniquity of quacks, we should at the same time laugh to death the folly of those who seek them. *They* are the cause of quackery. *They* are as much answerable for the spreading of the vice, as the mother is, who feeds her favourite fool with stolen sweets, and wails over his misdeeds at the gallows. If the gaping blockhead, and vapouring coxcomb, did not loiter and swagger about the streets of London, with pockets crying to be picked, the picker would turn his hand to an useful trade. He would never require either the pump or the tread-mill. The followers of quacks are the cause of quackery. They are the cause of all the attrocious homicides that have ever been committed. One simpleton bears testimony to Mr. Quackall's virtues; another to his manners; a third attests his wonderful cures. Nothing was ever so sudden, so certain, or so marvellous! His 'vonderful vonders,' as Matthews justly called them, are the theme of the tea-table, and the gossip of the nursery.

The witnesses are not to be withstood. One blows his penny-trumpet, another winds his horn, a third cackles, a fourth brays, and the end is—what? Why, that another victim is added to the list, and the fame of the brute-deity extended! The proselytes of an idiot of this sort are its basest flatterers; but it must be owned, they are also efficient friends. They stick at nothing for his sake. Having themselves taken his merits upon trust, they insist upon propagating them after the same fashion. They assure their friends that "*The universal antimorbous drops,*" have cured twenty thousand people in one year, all of them given over by regular physicians. They are sceptics of the faculty; but idolators of any empiric. They would faint with shame, were they forced to walk from Temple-Bar to Tyburn, with fools' caps on their heads; yet they swallow the most monstrous absurdities, without fear or shame. They are the jest of their companions, and the contempt of all the world besides; but for the sake of some brazen apostle, they submit and humble themselves to the dust. "Aye, tread on me! spit on me! despise me!" are the words of the illustrious Mawworm; "I likes it!" and so say they. "*They likes it!*" Nevertheless, such likings or dislikings, is not the only thing to be heeded. It is no answer to the motherless child (who asks, "*Where is my mother?*") to say "we delivered her over to old Martin Van Butchell! We considered that he, having painted his pony, was fully qualified to doctor her; but, poor woman!—she died somehow, under his infallible method."*

An empiric says, to a person with a complaint in the organ of hearing, "Sir, you must apply blisters; I know from experience they will remove affections of the ears." If a second consults him, the same remedy is proposed; the same to a third, a fourth, and—for in fact he possesses but one remedy for all the varieties of the disease of this organ, though arising from the most opposite causes; in one, perhaps from some mechanical obstruction, as from hardened wax, and plugging up of the meatus; in another, from an inflammation of the membrane lining the ears; and in a fourth, from some affection of the portio mollis, or branch of the auditory nerve, that is spread over the windings of the cochlea.—*Physic and Physicians.*

Hahnemann forestalled by Shakspeare in his fundamental doctrine.—The following quotation has been adduced to show that Shakspeare was a Homœopath, and it appears to be conclusive of the fact.

"*Benvol.*—Tut! man! one fire burns out another's burning;

* See an excellent article in Fraser's Magazine on Empiricism.

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One pain is lessened by another's anguish;
Turn giddy, and be helped by backward turning.
One desperate grief cures with another's languish:
Take then some new infection to the eye,
And the rank poison of the old will die.
Romeo.—Your plantain leaf is excellent for dust.
Ben.—For what, I pray thee?
Romeo.—For your broken skin.
Ben.—Why, Romeo, art thou mad?"

Homœopathy.—Hahnemann has not only been forestalled by Shakspeare in the doctrine of *similia similibus*, but he has been equally anticipated in his infinitesimal doses by rare Ben Jonson, who, when delineating in the Alchemist the charlatans of his day, and their victims, drew one, whom they induced to believe in the efficacy of the "*infiniments petits.*"

Not only are some of the dramatis personæ strictly identical with several of the present actors in the homœopathic drama, now enacting for the amusement of the public, as, for example, that of the great lay-apostle shadowed forth under that of Sir Epicure Mammon; but the poet's eye, in a fine frenzy rolling, foresaw, with prophetic accuracy, the establishment of the first homœopathic dispensary in Moorfields! Surly, another of the characters, who endeavours to open the eyes of Sir Epicure to the frauds practised on his credulity and his purse, was, without question, intended for us surly critics, who, like our prototype,—

"Faith have a humour,
And would not willingly be gulled."

Imagine then Subtle, one of the band of charlatans, giving to one of his accomplices the following description of Sir Epicure, the victim of their misrepresentation, and you have a scene of the present day:—

"Methinks I see him entering ordinaries,
Di pensing for the pox," (*i. e. for all chronic diseases which have not originated in psora, or psycosis.*) "and plaguy houses
Reaching his dose, walking Moorfields for lepers,
And offering citizens' wifes pomander bracelets,
As his preservative, made of the elixir:"

Then hear Sir Epicure Mammon, rapt by his delusion, and you will involuntarily exclaim: O! rare Ben,—

Mammon. "But when you see the effects of the Great Medicine,
Of which one part projected on a hundred
Of Mercury, or Venus, or the Moon,
Shall turn it to as many of the Sun;
Nay, to a thousand, *so ad infinitum:*
You will believe me.
Surly. Yes, when I see't, I will.
Mammon. Ha! why?
Do you think I fable with you? I assure you
Not only can it do that, but by its virtue,
Can confer honour, love, respect, long life.
(Observe, reader, Hahnemann is 84, *argal* homœopathy *must* be true!)
"Give safety, valour, yea, and victory,
To whom he will. In eight and twenty days,
I'll make an old man of fourscore a child.
Surly. No doubt; he's that already.
Mammon. Nay, I mean,
Restore his years, renew him, like an eagle,
To the fifth age; make him get sons and daughters,
Young giants; as our philosophers have done,
The ancient patriarchs, afore the flood,
But taking, once a week, on a knife's point,
The quantity of a grain of mustard of it;
Become stout Marses, and beget young Cupids.
'Tis the secret,
Of nature naturized 'gainst all infections,
Cures all diseases coming of all causes;
A month's grief in a day, a year's in twelve;
And, of what age soever, in a month:
Past all the doses of your drugging doctors.
I'll undertake, withal, to fright the plague
Out of the kingdom in three months.
Sir, I'll do't. Meantime,
I'll give away so much unto my man,
Shall serve the whole city with preservative
Weekly; each house his dose, and at the rate—
Surly. As he that built the water-work, does with water—"

But notwithstanding all these confident predictions, "the swollen bubble bursts—and all is air." Such has been, and such will be the fate, sooner or later, of every bubble-scheme.

Sir Epicure, though mourning over the failure of his hopes, is not utterly cured of his superstition, and inquires—

"Is no projection left? Think'st thou?
Will naught be saved that is good for medicine?
Face. I cannot tell, sir. There will be perhaps,
Something about the scraping of the shards,
Will cure the itch."

This, if true, would be very consolatory, seeing that so many diseases, according to Hahnemann, originate in the itch.

At last, poor Sir Epicure is thoroughly disabused, through the kind offices of Surly, and pronouncing the whole band to be

"Rogues, cozeners, impostors,"

he retires, in a transport of mingled rage, shame, and vexation, at having allowed himself to be so completely duped.—*London and Edinburgh Month. J. Med. &c.* March 1843.

Champooing.—A young man who had been brought up as a journeyman-cooper, was instructed by his mother in the art of *champooing*. Champooing, and other modes of friction, have been long known as useful remedies in certain cases of stiff joints and weakened limbs, and as a substitute for exercise in bed-ridden patients; and there are many respectable females, of the class of nurses, in London, who practise the art very successfully, and think themselves amply remunerated for their labour by earning a few shillings daily. But this youth was more

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fortunate. One or two cures, which it was reported that he had made, caused him to be talked of at every dinner-table. It was believed that he had made a prodigious discovery in the healing art—that champooing, performed according to his method, was a remedy for all disorders. Not only those to whose cases the treatment was really applicable, but those to whose cases it was not applicable at all—patients with diseases of the hip and spine, of the lungs and liver—patients with the worst diseases, and patients with no disease whatever—went to be champooed. The time of the artist, being fully occupied, rose in value; and we have no doubt that we do not over-estimate his gains in saying that, for one or two years, his receipts were at the rate of 6000*l.* [*thirty thousand dollars!*] annually. A young lady, whose lower limbs had been paralytic from infancy, was brought to him from the country to be cured. At the end of a year, 500*l.* having been expended in the experiment, she returned home in the same state as when she had left it: but promises were made to her that if the process were repeated it would produce the desired effect at last, and she came to London again for the purpose. The result was such as might have been anticipated. Matters went on thus for three or four years, when the delusion ceased about as suddenly as it had leapt into vigour, and the champooer found himself all at once deprived of his vocation.—*London Quarterly Rev.* Dec. 1842.

Prophet of Colchester.—About 30 years ago, a Mr. Austin of Colchester, Vt., pretended that he possessed a miraculous power over diseases, and could cure any thing that was curable by simply commanding it to begone, if he was only informed, either by letter or personally, of the nature of the malady. For three or four years not only his house became thronged with anxious expectants, but as his fame extended, and his numerous cures were blazoned abroad, we are credibly informed that "the mail carriers groaned under the burden of maladies described" directed to "THE PROPHET OF COLCHESTER," Blatchford.—*Homœopathy illustrated.*

Medical Puffing. The Editors of the *Dublin Medical Press* state, that they are collecting materials for a history of the system of Medical Puffing, as practised in Dublin, where, they remark, "though of comparatively recent introduction, it promises to assume a rank and luxuriant development in the hands of the zealous but coarse professors of the art, who apply themselves to its cultivation."

"We shall hereafter," they add, "have occasion to make some curious revelations respecting the art of puffing, as practised by the Dublin craftsmen. For some time it flourished silently but vigorously under the auspices of a species of 'mutual assurance company,' but bolder and more unscrupulous aspirants appeared in the medical horizon, who scorned to assume the varnish of professional decorum, and resorted to any and every method to attain, not reputation, but publicity. Thus we have seen men, pretending to respectability, enter into a joint-stock speculation with the proprietors of a sixpenny show, and actually exhibit the '*curiosities*' of a travelling caravan to a crowded audience, of apparently decent people, but who, if they relished the exhibition, must have consisted of the main upholders of quackery—the 'vulgar genteel.' We have also heard of a very indecent and filthy, but profitable line of business, which is now being driven by means of the speculum vaginæ, and which, if the nuisance does not abate itself, may one day or other become a police-office affair, and lead to a criminal prosecution. Females, labouring under any vaginal discharge, are persuaded that it is necessary to allow their persons to be exposed, and to submit to an examination, which it would be indelicate to describe more particularly even in the pages of a medical journal, unless absolutely required for strictly scientific purposes. Every member of the profession knows that the most sensitive and scrupulously moral females are the most ready to submit to such an extreme measure when its absolute necessity is seriously announced by a person supposed to be clothed with the moral dignity and decorum which should be attached to every medical practitioner. It is unfortunately too notorious how readily this imputed responsibility may be abused. That it has been grossly abused in Dublin in the instance above referred to, there is, we fear, no doubt. Whether wealth and reputation, or exposure and disgrace, will be the lot of the guilty party, is hard to say under the existing order of things. Safety for the profession, and still more for the public, can only be had by

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a complete reform of our medical institutions."

Adhering Pupil Separated by Galvanism.—We learn from the journals that a German doctor of the name of NUMAN, recommends galvanism in cases of adhesion of the iris to the lens, and in opacities of the cornea, and says *he* derived great benefit from it in three cases of organic disease affecting the eye. Should any hungry doctor take to galvanism to break adhesions or to change cicatrices into perfect structure, *he* may derive benefit from the practice, but the patient will not. For any thing we know to the contrary this may be an overture to a galvanic drama about to be acted when the gulls are cloyed with mesmerism, phrenology, homœopathy, hydropathy, and the prussic acid humbug. By the way, is not English quackery always indebted to German dreaming for its resources? It is a curious instance of the difference in the nature of the two people. The German believes, in the simplicity of his heart, that what he advances is true; the Englishman laughs in his sleeve at him, but adopts his whimsy to "do business" out of it, and so he "goes ahead," and proves himself "a smart man."—*Dublin Med. Press*, March 1, 1843.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Homœopathy formally pronounced to be Quackery. Dr. Blatchford, in the introduction to the second edition of his able address on Homœopathy, states, that the *Supreme Court of the State of New York has formally decided that Homœopathy is quackery.*

"A Doct. Paine, a Homœopathic practitioner, of Orange Co., applied to the Supreme Court of this State [New York] on motion for mandamus against the Orange county Medical Society, requiring them to admit him as a member. The decision of the court is thus reported:

"'In the case before us it is fully proved by professional witnesses, men who understand the subject, that Dr. Paine is practically a quack in his profession. This implies gross ignorance or gross misconduct, or both. We see that if admitted he should be expelled by the judges of the county court—and in the exercise of a proper discretion upon such proof, if on no other ground, ought not to interfere. Motion denied. 1 *Hill*, p. 665, et seq.'

"This court will not grant a mandamus to compel a county Medical Society to admit one as a member, where it clearly appears that if admitted he would be immediately liable to expulsion for gross ignorance or misconduct."

Philadelphia Hospital, Blockley.—Dr. Meredith Clymer has been elected one of the Physicians to this Institution, in the place of Dr. C. W. Pennock, resigned.

University of Maryland.—Dr. Richard S. Steuart has been elected to the chair of the Theory and Practice of Physic, vacated by the death of Dr. N. Potter. Dr. Stewart is an accomplished and experienced practitioner, and his appointment will add strength to the School.

Albany Medical College.—The number of students attending the lectures the past season was 92, of graduates 12, total 104.

New Medical Schools. It is stated in the *Western Lancet* that Medical Schools are rapidly multiplying in the West, and that during the past year two have been added to the list; one at St. Charles, Illinois; the other at Laporte, Indiana.

Medical Liberality. Dr. Benjamin Barrett, of Northampton, Mass., has made a donation to that town of a site for a female high school.

Friends' Asylum for the Insane near Philadelphia. The number of patients admitted the past year was 25; in the house at the commencement of the year, 58; total under treatment, 83.

During the year 33 were discharged, and 5 died. Of those discharged 10 were restored; 6 much improved; 4 improved, and 12 stationary. The number in the house on the 1st January 1843, was 46, of whom 3 are restored, 1 much improved, and 37 without improvement, being mostly of a chronic character, and many of them residents for many years.

Western Lunatic Asylum, Virginia.—

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The number of patients admitted during 1842, was 53; in the Asylum at the commencement of the year, 99; total under treatment, 152. Of these 19 where discharged recovered, 7 improved and unimproved, 15 died, and 1 eloped; total, 42.

—

Epidemic Fever.—There is now prevalent we learn in the western section of Chester county, a peculiar fever, which first appeared as an epidemic, last year. It is remittent in type. It is said not to be either typhus, typhoid, or ordinary bilious fever.

—

Medical Society of the State of New York.—This society held its annual session in Albany in February last. The annual address was delivered by Dr. William Taylor, the president for the past year, and has been pulished in the Transactions of the society.

The following officers were elected for the present year: *President*, Dr. Saml. White, *Vice President*, Dr. Joel A. Wing, *Secretary*, Dr. Peter Van Olinda, *Treasurer*, Dr. Platt Williams.

Drs. Enoch Hale of Boston, and Willard Parker of New York, were elected honorary members.

FOREIGN INTELLIGENCE.

Condition of the London Milliners.—The "Report and Appendices of the children's Employment Commission," recently "presented to both houses of Parliament by command of Her Majesty," presents as appalling revelations of human sufferings as have ever been before made public.

It appears from the Report, that there are about 15,000 milliners and dress-makers in London. They commence the business usually at the early age of from 14 to 16, and during the busy seasons, *i. e.* from April to August, from October to January, the regular hours of work, "at all the principal houses," *are on the average eighteen hours daily!* "Long as these hours are," Mr. Granger the reporter states, "*they are very often exceeded.*" Sometimes fifty of these girls work together in a room almost always insufficiently ventilated. The sleeping apartments are generally overcrowded. In one instance, five slept in a single bed, and often ten in one room. They are chiefly fed, an experienced witness stated, on cold mutton; but they subsist mostly on tea and bread and butter. Stimulants are often applied to keep them awake.

"Miss O'Neil, of Wilbeck st., (who has been a dress-maker and milliner several years, and employed in several of the London houses, is now in business for herself,) states that the hours of work in the spring are unlimited. The common hours are from 6 A. M. to 12 at night; sometimes from 4 A. M. till 12. Has herself often worked from 6 A. M. till 12 for two or three months together. It is not at all uncommon, especially in the dress-making, to work all night; just 'in the drive of the season' the work is occasionally continued all night three times a week. Has worked herself twice in the week all night."

Miss H. Baker says that—

"On the occasion of the general mourning for His Majesty William IV., Miss H. B. worked without going to bed from 4 o'clock on Thursday morning, till half-past 10 on Sunday morning; during this time witness did not sleep at all; of this she is certain. In order to keep awake she stood nearly the whole of Friday night, Saturday, and Saturday night, only sitting down for half an hour to rest. Two other young persons dozed occasionally in a chair. Witness, who was then 29, was made very ill by this great exertion, and when on Sunday she went to bed she could not sleep."

Miss ——— in the establishment of a first-rate milliner states,

"On special occasions, such as drawing-rooms, general mournings, and very frequently wedding orders, it is not at all uncommon to work all night; has herself worked twenty hours out of the twenty-four for three months together, and this at a time when she was suffering from illness, and the medical attendant remonstrated against the treatment she received. He wished witness to remain in bed at least one day longer, which the employer objected to, required her to get up, and dismissed the surgeon."

The girls who work at the great mourning establishments suffer much from impaired vision, and often become wholly and incurably blind. Mr. Tyrrell, the distinguished surgeon of the Ophthalmic Hospital, in his evidence relates the following melancholy examples of the injury to vision produced by this branch of business.

"A fair and delicate girl, about 17 years of age, was brought to witness in consequence of total loss of vision. Recovery was hopeless. She had been an apprentice

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as a dress-maker. The immediate cause of the disease in the eye, was excessive and continual applications to making mourning. She states that she had been compelled to remain without changing her dress for nine days and nights consecutively: that during this period she had been allowed only occasionally to rest on a mattrass placed on the floor, for an hour or two at a time, and that her meals were placed by her side, cut up, so that as little time as possible should be spent in their consumption."

He states that he has "often" seen cases of total blindness from the same cause. Mr. Dalrymple, of the Moorfields Ophthalmic Hospital, gives similar evidence; and, in one instance, succeeded in rescuing a young victim from total blindness (who was *then* compelled to work eighteen hours a day, only,) by a threat of an appeal to the Lord Mayor, to force her mistress to cancel the girl's indentures.

The portion of the work done in making mourning which is so peculiarly hurtful to the eyes, is the embroidery on black. A court mourning is calculated to cause the loss of eyesight to at least thirty of these girls.

"Such," it is observed in the Athenæum, "is the condition of 15,000 of the inhabitants of London; a body, moreover, so quickly mouldering away, that during the span of an ordinary life, full two generations have passed through the courses of the craft and perished in its service."

We commend this report to the attention of Mr. Dickens. He may learn from it that the condition of a large portion of the working classes in Great Britain is far worse than that of the slaves in this country.

—

Treatment of Salivation.—To combat mercurial salivation, I prefer applying acid. hydrochlor. fort. to the gums and tongue when they are ulcerated, repeating the application every day, or every other day. The bleeding of the surface ought not to be an obstacle. The acute pain it produces soon ceases, and nothing equals its beneficial effects. Of course the peculiar indications which present themselves must not be neglected.—*Ricord on Venereal.*

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Anormal and Abnormal Consciousness.—Dr. John Wilson communicated to the Royal Medical and Chirurgical Society, Feb. 28. 1843, an example of this occurring in a boy aged 16, a patient in the Middlesex Hospital, who was said to have complained of headache for two or three days, but whose appearance was healthy. For three or four days his appetite was inordinate, seizing upon any article of food he could meet with in the ward, though allowed full diet. When not eating or seeking for food, he generally slept night and day. After this state had continued three or four days, he recovered his natural state of sleep, and appetite, and consciousness. Then he had no recollection of what he had done, or what had happened to him since admission. He was twice readmitted with the same alternations of consciousness and unconsciousness.—*L. & E. M. J. Med. Sc.* Ap. 1843.

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Revivification of Microscopic Animalculæ.—M. Milne Edwards read to the French Academy of Medicine on the 16th of August last, in his own name, and in that of MM. Dumas and Breschet, a memoir by M. Doyère, on the revivification of the tardigrades and rotiferæ. It is well known, that by pouring water on moss, which has been kept dry for months, or even for years, we resuscitate microscopical animalculæ; and although most physiologists are acquainted with this fact, yet it has not been considered by all as a true resurrection or revivification. Some are of opinion, that the moss still retains a certain degree of moisture, sufficient to keep the insects alive; others, that although the insects are killed, the ova deposited by them are hatched; and others again, that the insects only undergo a degree of torpor, from which they are freed by the addition of the water. The following are the results of M. Doyère's experiments, in his endeavour to ascertain, if possible, which, if any, of these theories, is the correct one.

By the aid of the microscope, M. Doyère has been able to discover, in dried moss, small bodies, which bear a complete resemblance to the dried bodies of insects; and he says, that it is possible to revivify an insect after it has been dried on a plate of glass, and not surrounded with any substance which could preserve it from the ordinary effects of evaporation. To insure their perfect desiccation, M. D. exposed several tardigrades for five hours in the exhausted receiver of an air-pump, over a bath of pure sulphuric acid. Some he dried on glasses, and others he left for thirty days in the vacuum of a barometer produced by the chlo-

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ride of calcium; and in all these instances he brought the insects to life again. Although these experiments may appear quite conclusive as to the perfect desiccation of the insects, yet to make them still more decisive, M. D. had recourse to the following. He discovered that all these animalculæ die when exposed to a certain degree of temperature, viz. 50° of centigrade, or below the point at which albumen coagulates; and that if the water in which they swim is heated to 45°, it is then impossible to recall them to life. But he found also, that if they are first dried, and then exposed to heat, the result was different. When all humidity was removed from them by the ordinary means, and they appeared quite dead, they could be revived, even after exposure to a temperature which must have disorganized all living animal tissue, only containing the water combined chemically with its constituent principles. In one experiment performed before the commission, the temperature to which the animalcules were exposed was 120°.

M. Doyère has also turned his attention to the anatomy of these insects, and his researches are full of interest and instruction. In conclusion, the commissioners, after complimenting M. Doyère, recommended to the Academy that his work should be printed. These conclusions were adopted.—*London and Edinburgh Monthly Journ. Med. Sci.* Dec. 1842.

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Tenotomy.—The attention of the French Academy of Medicine was for more than two months occupied with a wearisome debate on tenotomy of the flexors of the hand and fingers. The result has been that M. Guerin instead of adding to his reputation, has fallen apparently in the estimation of his colleagues, and the public will be forced to receive with more caution than formerly, his statements of complete cure after division of tendons. Want of room has hitherto prevented us from giving a detail of the discussion; and we will now merely say, that from the results of this long debate, it would appear, that the operation of tenotomy, as far as the hand and fingers are concerned, is rarely of use, that it is doubtful whether, after the fingers and hand have been made straighter, the patient really derives any benefit, considering the loss of movement from which he always suffers to a greater or less degree, and that it is better in the great majority of cases, to trust to mechanical means for a cure.—*Lond. and Ed. Monthly Journ. Med. Sci.*, Feb. 1843.

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Extraordinary number of worms voided by a child. Dr. Gilli, of Turin, records in the *Geornale delle Scienze Mediche di Torino*, March 1842, a case in which a child eighteen months of age voided 510 lumbrici in eight days. Some of the worms were alive, others dead, and most of them about six inches long. Some of them were vomited, but by far the greater number were discharged by stool. The child recovered.

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Sydenham Society.—A society with this title, has been established in England, for the republication of scarce medical works. Each member will pay one guinea a year, and be entitled to a copy of every work printed by the society during the time of his subscription. Sir Henry Halford has been provisionally appointed President, and the other officers are among the most distinguished men in the profession in Great Britain.

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Dr. Hope and M. Liebig. It is rumored that Dr. Hope will retire from the chair of chemistry in the University of Edinburgh, at the close of the present session, and be succeeded by Prof. Liebig.

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Churchyard Beetles discharged per anum.—Dr. Cormack exhibited to the Anatomical Society of Edinburgh, March 8th, 1843, two specimens of the larvæ of the *Blaps Mortisaga*, which had been discharged per anum by a patient of Dr. Scott of Musselburgh, whom he had lately seen.—*L. & E. M. J. Med. Sc.* April, 1843.

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Academy of Sciences.—M. Andral has been elected a member to replace Mr. Double in the section of medicine. He received 42 out of 55 votes. His competitors were MM. Guerin, Poiseuille, Cruveilhier, and Bourgery. The last named did not obtain a single vote.

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Necrology. Dr. Macartney, formerly professor of anatomy in Trinity College, Dublin, a very distinguished physiologist, and well known in this country by his work on inflammation, died suddenly in Dublin on the 6th of March last.

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CLINICS.

Extract from a Clinical Lecture delivered at St. Thomas's Hospital—by FREDERICK TYRRELL, Esq. The "taking of a case," or to present in words and language a picture of a disease, from its origin to its termination, such that another person at some distant place, who peruses this description, will be able to recognise a similar disease, and identify it with confidence with that observed by its first historian, is a qualification which few possess. To engage oneself in a work of systematically arranging and recording the evidences of any given case, is virtually to submit oneself to the process of self-education. No man can spend an hour in study and reflection upon the varied phases under which disease may present, much more become the historian of disease, without substantial improvement to his own mind, and without making an important addition to the treasury of his practical knowledge. Yet, how few are the cases in which young men, whose career of studentship was marked by talent, industry, and superior knowledge, whether located in some distant village, or in some more favourable spot in nearer access to some one of the numerous *emporia* of learning which at the present time render distinguished among nations the history and aspect of this country, have risen above the pressure of the novel duties and obligations by which they find themselves surrounded when making their first introduction into the busy scene of society. But the very duties which they discontinue to observe and perform are those which unquestionably appear to be the best calculated to raise more and more the standard of their competency for the responsible engagements of practice. Let me exhort you, whom I may be now addressing for the last session of your hospital education, when engaged in another scene of exertion not to disregard the duties which you owe alike to your own talents and to the common cause of our common science. At present, however, my part is not to instruct

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year payable in advance.

This number contains one sheet, and will pay newspaper postage.

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you under the capacity of practitioners, but rather to assist your exertions, and as far as I can to direct your steps towards the right channel by which the greatest amount of useful knowledge is to be obtained, the greatest measure of profit is to be realized, within the limited period of your studies under the roof of this hospital. As the correct and clear registration of a *case*, however simple its character, presupposes on the part of the observer a sufficient amount of information to enable him to recognise and classify those symptoms and circumstances which most strikingly distinguish that particular form of disease, it is scarcely desirable for the student, whose hospital practice is about to commence only, to engage himself in the practical occupation of taking cases, which may be advised as labour of considerable and permanent profit to him whose education is more advanced. It is because the distinguishing characters of disease are not intimately and generally known that many of the numerous cases of novelty and value which are weekly recorded in our periodicals are so voluminous, verbally circuitous, and consequently unreadable, repulsive to the patience of the general reader, and therefore devoid of interest and utility. If brevity be the soul of wit, it is also the very essence of case-taking. Time is gained thus both by the reader and the writer; the picture of the disease is more striking; the impression which it produces more vivid and persistent. If it were possible, which it undoubtedly is, to reduce the work of registration into some form of algebraic brevity, the method might be rendered suitable to the time of general practitioners, in whose hands an accumulated treasury of facts of incalculable value and importance might be rapidly collected, from the safe and instructive vantage-ground afforded by which the whole realms of past practice and experience may be surveyed by each individual member. Recollect that *experience* is not transmissible as a comfortable heritage from one generation to the succeeding, like some portable commodities, of whose nature you may form a very shrewd conception. You yourselves *must* labour as assiduously and ardently as those who have gone before you, if your desire be to become versant in what must be defined the *empirical* tactics of real practice. But do not fail to understand that he who starts in familiar possession of all the improved knowledge and science of the day, the best chemist and physiologist, *cæteris paribus*, is he who will most quickly command the mastery over the tactics of which I speak. Whichever the method which the taste of the student or practitioner may induce him to select, in all cases certain preliminary circumstances must be determined which affect influentially the views and opinions that may be subsequently formed in regard to the existing state of the person under inquiry.

How long is it since your present illness commenced, generally forms the leading inquiry: it will be afterwards explained how much real and practical information may be developed in the reply which the question thus simple relating to the *duration* of the attack is calculated to elicit, as this circumscribes the inquiry within the bounds of a definite period of time. For the most part the examination resolves itself into two obviously distinct portions: that which refers in the first place to the history of the individual himself *before* the commencement of his present complaint, under which the question of *family* history, or *hereditary* predisposition would appropriately range, and that, in the second place, which involves the natural history of his present illness. There is, however, another method of case-taking, which for some years I have been in the habit of recommending as the most complete and systematic which the student can desire; according to the views, that is, which I have entertained of the practical value of such a practice, and the general profit which may accrue from its universal adoption. The more natural plan has long appeared to me to consist in first patiently *listening* to the tale of facts and sufferings which the patient himself has to tell. Under this head, also, what may be regarded as *accessory* evidence afforded by the friends and relatives of the patient may be regarded as ranging under the same department with that under which it has been proposed to consider the story related by the patient *himself*. In relaton to this *historical* species of evidence, it was suggested in a former lecture that the term *subjective* should be employed as the discriminating symbol; the simplicity of this term forms its chief recommendation; it denotes the *source* (the subject or patient) from which the evidence is obtained.

As a record of cases must owe a consider-

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COMPOUND FRACTURE OF THE LEG,

Complicated with severe irritative fever.—Recovery (or death).

SUBJECTIVE ACCOUNT.

Date.	Name.	Age.	Residence.	Married or Single.	Employment.	Habits of Life, or Mode of Living.	Further Particulars.
Feb. 8, 1843.	Edward Morgan.	Æt. 28.	Rotherhithe	Married: (3 children.)	Railway labourer.	For the last two or three years has seldom drank less than two quarts of porter in the day, while his diet has been low, poor, and meals irregularly taken. Generally goes to bed at 10, and rises at 6.	His wife says that he drinks much every day, and is out in all weathers; that he had a fracture of the same leg three years ago. He recovered in about two months without any thing unusual. Otherwise he has never complained, for his health is generally good. The accident happened on the 8th of February, at 8 A.M., and was caused by the train, the wheel of which passed over his leg.

OBJECTIVE EXAMINATION.

Present State.	Treatment.	Progressive termination of the case.
Saw the patient four hours after the accident. Reaction had scarcely commenced. The foot of the broken leg is cold, although the general surface is becoming warm. The tibia was comminuted into two or three pieces at the wound. The upper fragment projected out an inch. Neither the anterior tibial nor posterior tibial artery has been wounded. There is little foreign matter in the wound. The patient was not quite sober when the accident happened.	Several pieces of bone were removed. The fracture was easily reduced, and without much pain. The leg was dressed with simple warm water dressing, and placed on the double inclined apparatus.	During the first night the man became restless, the leg painful, and frequently disturbed by the action of the muscles. This state continued for several days. This state was much aggravated by a dose of salts, which his wife gave on the next day after the accident; but the thirst, fever, and restlessness, were much improved by allowing him to take nearly his usual allowance of porter, with good diet. The case assumed quite the hectic character during the suppurative stage: the system, however, was kept up by continuing the porter, and giving an addition of wine. In five months he returned to his work. The leg was somewhat shorter than the other, although not deformed.

able portion of its value to the readiness with which it admits of reference, the plan adopted should be uniformly adhered to, so that the arrangement in a short time will become so familiar to its author that no time can be felt to have been unprofitably expended, nor any trouble experienced in referring to any former case, or in searching for any individual point in the history of a case, to elucidate and explain a question of doubt or difficulty which may happen to be at the time under consideration. The book should be divided into *columns*, each headed distinctly and briefly, according to the subject to which it is devoted, and the account of the case should always be marked by the name of the disease at the head, according to the following plan.

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At one view it may be observed, according to this system of registration, that each case in all its particulars is planned out into two essentially distinct portions; that, namely, which embraces all incidents respective of the patient's previous history; that also of his family. This head likewise comprehends the remaining circumstances which are always required to render complete the preliminaries of the case; name, age, employment, &c.; the causes, actual and predisposing, tending to the production of the existing state; and so on with reference to numerous other particulars which the peculiar nature of the case may involve. The second portion of the account dates from the time at which the observer was summoned to attend the case. It is at this stage that accuracy, descriptive and observant, should mark the statements recorded. When the actual observer becomes himself the historian of facts and phenomena, what palliative reasons can be offered in extenuation of the discredit which the wrong appreciation of symptoms and appearances, in gravely attempting the historical delineation of disease, would justify us in bringing down upon his reputation.

Under the head of "progress," particulars may be multiplied and accumulated according to the time at the command of the reporter, or the singularity or importance of the case. But it is here desirable to state that the real value of a case bears any other than a *direct* proportion to the voluminous minuteness with which the *daily* changes and phases of the case may have been registered. The numerous diurnal irregularities which chequer the tenor of every the most ordinary form of disease, require, notwithstanding, the exercise of sound discriminative judgment in detecting and selecting the least useful and important from those signs and circumstances which are indispensable to the epitomized representation of the disease which it is designed to exhibit and preserve.

But while this observation will be felt by practitioners as conveying the real truth, it is quite necessary to remark, lest it should operate discouragingly upon your exertions, that it is impossible for the student to be too minute and circumstantial (keeping, of course, in studious strictness, within the limits of his patience and ambition) in the account which he may seek to draw up of a case. The longer the duration of the period during which the mind is maintained in direct intercourse with external phenomena, it is obvious that the more complete and persistent the impress which it receives.

It was just now advised to premise the account of a case with the name of the disease. It is easy enough to adjudge correctly the nature of a *case*, when the bone had emerged through the investing muscles and integuments, and call the case one of compound fracture; but there are other instances in which it is difficult to assign a name. This observation renders it proper to recur to the particulars of the plan for taking cases which has just been proposed for your consideration. I can give the assurance from my own experience that when the mind is habituated to a uniform system of *examining* cases, each step into the inquiry becomes suggestive of numerous collateral considerations, which become important in their turn in the assistance which they afford to the mind in its endeavours to unveil the truth of all surrounding fallacies and obscurities.

Let the question of *age* be first considered. Suppose two cases to happen parallel to each other in general character. A child receives a slight injury upon the head, just enough to produce the symptoms of *concussion*,—a man in sound health receives a similar injury, and proportionate in severity. On the abstract circumstance of age, what prognosis or inference should be formed as to the amount, or in what light ought the probabilities of the two cases to be regarded? Practical experience has proved that injuries of this description are unquestionably more serious in the case of the child than that of the adult. The explanative reasons are, that in the child the standard of the circulating energies is higher; the irritability of the nervous centres correspondingly greater: hence the proneness to hydrocephalus.

Suppose two other comparative instances. The osseous system becomes the seat of mollities, or softening. One case happens in a child of two or three years old; the other in an adult person. In which example does the disease assume the gloomy character of fatality? The interesting observations lately published by Mr. Solly upon this subject have informed you all, that in the child the disease is innocent and simple, and always curable; in the adult it is synonymous, indeed, with certain death.

The medullary forms of carcinomata, de-

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generating into the hæmatoid fungus, may occur to the *child*, as is too frequently seen in the many cases which are brought to the Ophthalmic Hospital, in which the eye has become the subject of the disease; while the scirrhous variety of malignant disease in far the greatest frequency happens in persons whose age has exceeded forty. Numerous additional instances might be given in proof of the real diagnostic importance which attaches to the isolated circumstance of age.

Under the head of "*Residence*," more especially in *medical* cases, considerations of the greatest consequence arise. In fact, it might, without the slightest overrating of truth, be declared that the whole science of *physical geography* becomes, with reference to this particular, the instructive handmaid of medicine.

The latitude of the place of residence; the character and productions of the soil; the proximity of the miasmatic sources; the chemical character of the water which the locality affords; the contamination of the atmosphere by any neighbouring malarial emanations; are considerations of no less scientific interest than practical value.

Under the subject of "Employment or Profession," the mind might have under cursory review a thousand objects of greater or less consequence to a correct system of examination. There are diseases the category of which is numerous, which are almost peculiar to artisans engaged in particular occupations.

Habits of life suggests too a course of inquiry which may tend to develope evidence of the most useful description in the light which it may reflect upon the character of any given case. Temperance or intemperance in eating or drinking is a point frequently of no inferior import in the prognosis to be formed. There are forms of disease to which the drunkard is liable, and from which the temperate man is exempt. A slight injury falls with disproportionate severity upon the system of the one, and quickly extinguishes its energies; while by the other it is sustained with remarkable impunity. There would be no impropriety in considering under this division of the subject of *constitutional agency*. It is remote from my province to enter upon a discussion of this unsatisfactory topic. To the surgeon it is not very important whether the patient's constitution belong to the *sanguine* in its peculiar temperament, or to the *phlegmatic*. In regard to the bilious or choleric, nervous and melancholic, the same observation of indifference might be made. It is a far more useful inquiry to determine how *low* or how *high* is the standard of the system's power. To indulge in a little political imagery: it were, in my opinion, a higher mark of good sense and philosophy in the surgeon to consider in preference and simply the means of aggression—the tendency on the part of the disease or injury, and of the means of resistance or defence on the part of the constitution, when a man's brain is uncomfortably shaken, or leg unpleasantly broken. I do not think it customary, on the part of wise surgeons, to give way to much anxiety as to the exact tint which the hair and skin represent, or what the description of his temper may be; whether the one is white, or black, or any intermediate shade; or the other sour or sweet: no very important consideration is involved as regards the plan of treatment to be pursued.

There is, however, another method of *classifying objective* facts, in drawing up an historical view of disease, the superior value of which I have oftentimes experienced and acknowledged. Its principles consist in grouping together all the phenomena which are referable for their cause and dependence to the *same system of organs*. Certain diseases are distinguished by a certain series of symptoms, which advancing physiology has compelled us to ascribe to the *nervous system*, as that by whose agency alone they can be produced. Delirium belongs as much to the brain exclusively as all involuntary muscular action; and all involuntary muscular relaxations relate to, and are caused by, disease or injury operating upon the *spinal cord*. In concussion, all mental phenomena have lulled almost entirely into the profoundest rest, while the agency of the spinal system continues unabated in its presidence over the inlets and outlets of the body: the sphincters are active and excitable. But in the still profounder coma of compression, the pressure of the effused clot or depressed bone extends with fatal force its counter-influence to the region of the spinal system; and in addition to the depth of snoring sleep, into which all cerebral influence is plunged in the general wreck, all spinal agency becomes suspended.

Dr. Hall, by the exercise of the most extraordinary inductive acumen, has succeeded in amassing on the simplest, yet the most

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clear and systematic principles of classification, the various morbid phenomena which belong to the department of the nervous system. To his valuable works, therefore, I must refer you.

In all diseases a certain number of characteristic phenomena equally depend upon the heart and circulating system; certain others upon the cutaneous and mucous tracts. Perhaps these are less pointed and definite in character than those which are caused by derangement of the nervous system.

According to the principles of this method of examining and recording cases, the systems of the *viscera* may be also collected into separate departments—as the respiration, the glandular, the hepatic, the urinary, the genital, and uterine systems, and perhaps the lymphatic. The principles on which this system is founded are unquestionably the most philosophical. But recollect that its successful adoption presupposes the possession of exact knowledge with respect to the anatomy and the physiology of the systems into which the body is reducible.

From the materials thus hastily thrown together in relation to this mode of recording and *examining* cases of disease, I hope your natural ingenuity will render easy the construction of a tabular form, each column being headed by a separate system, by which the labour of registration may be still further abbreviated.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Quackery.—"The great evil of quackery and secret remedies," says Sir G. Blane, "is the false confidence which is inspired to the exclusion of other and better remedies."*

A person labouring under an affection of the heart or lungs, is induced by some puffing advertisement to try the wonderful efficacy of some particular pill. He does so, and finds himself no better: "Persevere," says Mr. Morrison, "you cannot expect any good result until the 'Universal' has had a fair trial." The patient acts upon the quack's advice, and swallows the pills by thirties, and fifties, at a time, until he finds himself advancing, as the Irishman said, backwards; and it is not until the disease has obtained a firm grasp of his constitution, that he discovers he has been trifling with his very existence. Application is then made to the physician and surgeon; and a degree of astonishment is expressed when the patient is told that his disease is of a serious, perhaps fatal character. Who has he to blame but himself? He placed his life in the hands of a man ignorant of the first elements of medicine, and swallows his nostrums, and then wonders at the result!

A knowledge of medicine is supposed by those who patronize quacks, to come by intuition. The boy who carries his master's medicine to the patients, no sooner is emancipated from the shop, than he commences business on his own account, thinking like the parish clerk, who announced his intention to go into orders, that "*it is the duty of every one to rise to the top in his profession!*"

"When I was a younker, I first was apprenticed
Unto a barber, so dapper and airy;
I next was a carpenter, then turned a dentist,
Then tailor, good L—d!—then an apothecary.

"But blunders will happen, in callings so various,
I fancy they happen to some who are prouder;
I once gave a patient, whose health was precarious,
A *terrible dose* of my best shaving powder."

So sings Dickey Gossip in the song; and it is a correct history of many a charlatan who has amassed a fortune.—*Physic and Physicians.*

Homœopathy.—The London and Edinburgh Monthly Journal of Medical Science for March last, contains an amusing review of "A Treatise on the Principles and Practice of Homœopathy. By Francis Black, M. D., London, 1842," from which we make the following extract:—

"To those who, like ourselves, have perused many homœopathic treatises, it is unspeakably amusing to observe what a variety of explanations are given of the (alleged) efficacy of the globules. The increase of surface resulting from the trituration with sugar of milk, is the one chiefly dwelt on by Dr. Black, and he cites the observations of Professor Döppler in confirmation of his views. From him, he extracts the following choice *morceau*:—

"'Proceeding on the moderate assumption, that by each trituration the particles are reduced to the hundredth part of their previous size, we shall find the surface of a medicine, originally a cube of an inch, will become, at the third trituration, equal to two

* Medical Logic.

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square miles; at the fifth, to the Austrian dominions; at the sixth, to the area of Asia and Africa together; and at the ninth, to the united superficies of the sun, the planets, and their moons.'

"Pro—di—gi—ous! as Dominie Sampson would say, who was well acquainted with the Hahnemannic principle of separating syllables to increase their effect. Lord Byron once wished, that

> ——'women had but one mouth,
> That he might kiss them all at once from north to south.'

We know not what kind of mouths the believers in homœopathy may have; their *swallow*, however, must be tremendous, considering what doctrines and globules are gulped down. Professor Döppler, in the following language, cunningly insinuates, that after all, the globules may be inert,—'We have said sufficient to show, that if medicines act in virtue of their mass, the doses used in homœopathy must be quite inert; but if in proportion to their surface, they may be of tremendous potency.' Even the homœopathists themselves are beginning to desert the standard of their master,—'Olfaction is a mode never to be resorted to; it is extremely uncertain, and possesses no advantage.' P. 161. So here is one bubble burst. Have the patients, credulous as they are, begun to *snuff* the absurdity of it?

"But what is giving up this out-post, to the surrender of the citadel, the conceding the whole question in the following passages?—

"'But at the same time that we consider homœopathy the most successful system, we admit, that there are some few cases in which we must have recourse to other measures. For example, in cases of poisoning, it is necessary to have recourse to emetics, or the stomach-pump, and then to counteract the effects of the poison by homœopathic means. In asphyxia, syncope, and such conditions, when the power of reaction is almost destroyed, it is necessary to have recourse to speedy stimuli, stimuli which cannot be afforded by homœopathic medicine. Numerous cases are on record of asphyxia of children being relieved by chamomilla. Petroz has given bovista, with great success, in asphyxia from the vapours of charcoal, and the solanum mammosum in asphyxia from drowning. Many cases have been given of apoplexy cured by nux v., opium, belladonna, cocculus, &c. *In all these cases, however, a certain amount of reaction was manifested,*'

i. e. the patients were recovering before their *nihili-pilifying* treatment was begun. Observe the Jesuistry of the following:—

"'But in cases where life seems almost extinguished, the ordinary measures must be employed. Nay, according to the opinion of some homœopathists there are instances in which blood-letting acts beneficially in rousing the vital activity; but this reaction once established, we fall back upon the employment of specific remedies. When offending matter exists in the stomach, or intestinal canal, the first step is to get rid of them by an emetic or gentle aperient, such as castor oil, and then to treat homœopathically any effects they may have caused.'

"That is, all that is really required is to be accomplished by allopathic means, and then homœopathy is to step in, and modestly claim the merit of the cure. Having so often disagreed with our author, it is truly refreshing to find a passage in which we cordially agree with him,—agree with him as completely as adjective with its substantive, and as we are sure every person will do,—except those so deservedly denounced.

"'There is a class of practitioners who merit the indignation of every right-minded man,—a class who, viewing medicine only as a trade, a mere barter for pounds, shillings, pence, (ay, even pence, think of that!) act obsequiously as the patient wishes; at his desire their practice is either homœopathic or allopathic; such unprincipled conduct admits of no apology.' P. 163.

"How grievous it is to think that any of the students of the reine arznemittellehre, the materia medica pura, that employs a mortar of sugar of milk to grind the globules in, lest aught impure should mix with the primitive material, to think that any of them should so

> Fall under the power of avarice—that demon bold
> Who ranges earth with never-dying force,

as, for the sake of filthy lucre, Judas-like, to betray their master,—the venerable, the much-enduring,—Hahnemann. *Proh! pudor.* Nevertheless, they act wisely in their generation, for they can read the signs of the times, and know well that the days of homœopathy are numbered. They have discovered that the gullible persons among the people of England, constitute what the mathematicians term 'a fixed quantity.' They have little cause to be proud of their adhe-

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rents, since, on inquiry, they will be found either to have deserted some other cause, some 'universal' remedy, such as Morrison's pills, or white mustard seed, before joining the homœopathic standard, or, what is of far greater concernment to the dealers in 'small notions,' as the Americans would call the globules, are ready to pass over to any bold charlatan who will offer them any thing new; exactly resembling those described by the poet:

——— At night,
Some praised at morning what they blamed,
But always think *the last opinion right;*
While their weak heads, like towns unfortified,
'Twixt sense and nonsense daily change their sides.

"That the homœopathic practitioners are thrust down from the high places they had once scrambled up to, is well known. Their reverend chaplain boasted a few years ago, that 'queens' were its nursing mothers. Here he unfortunately reckoned without his 'host;' for our patriot king soon drove them out with words more becoming a sailor than a prince.* We never find a 'bulletin' (a document the homœopaths will be shy of in future,) respecting that illustrious lady, signed by any of them,—as good sense has triumphed over national feeling. A gallant marquis went lately to great Malvern, to see what the 'water doctor' could do for his 'uncured' neuralgia. But 'a heavy blow and great discouragement' has been dealt to them by the decease of a lady of high rank."

Root Doctors and their Practice.—The following case of shocking malpractice by those charlatans termed root doctors, who prey so extensively upon the community in various parts of our country, is related by Dr. E. D. Black, of Burlington, Iowa, in the No. of the *Western Lancet* for January last.

"James Henry, ætat. 35, a farmer, belonging to a healthy family, of a bilious temperament, living in a miasmatic district, on the 21st of August, was wounded by a broad-axe on the inner side of the knee, over the inner condyle of the os femoris, extending two inches upon the tibia; the wound being about three inches long. At first there was a slight hemorrhage; the lips of the wound were drawn together by one of the men who were present, and confined there by bandages, at the time of the accident; and then a man, one of those self-styled Doctors, was sent for. He came with probe in hand; to complete the wound, tore off the dressing, broke open the wound, and 'went hard to work, probing.' The result was an alarming hemorrhage, and an escape of a thin white fluid, the synovia. After thus doing as much injury as he well could, he proceeded to dress the wound. He first placed a tent in it, as he said, 'to let out all the matter,' and applying a roller, he directed it to be bathed in cold water every three hours. This treatment was persevered in for seven days, without any benefit to the patient. He was then discharged, and another was called in; he also being one of those mighty men, a *root Doctor*. He had the tent taken out, the lips drawn together and confined, which united in a few days. Then followed rapidly this train of symptoms—great swelling of the knee, pain and redness; at the expiration of the fifth day, an opening to a large abscess was formed. The Doctor, in the plenitude of his wisdom, used an injection to this abscess, of the acetate of lead; how strong I did not learn; and also a tent, to keep the wound open, as did his eminent predecessor, and his 'drawing salve,' which he said 'was intended to bring out the bad matter in the sore.' This sort of remedies was used, and this form of treatment persevered in, until the 25th of September, with a great loss of strength and flesh to the patient. At this time the Doctor left him, with this consoling advice—'that he must get some one to cut off his leg.'

At this crisis Dr. Black was called in, and found the patient in the following condition: "Great emaciation and loss of muscular power; loss of appetite, bowels costive, pulse quick and soft, or gaseous, one hundred and twenty beats in a minute; great restlessness, flushed face, skin dry and shriveled; tongue dry and coated with a yellow fur; considerable thirst; the leg much swollen and great tenderness to the touch, so much so that he could not bear any weight of bedclothes; the knee greatly swollen, and a discharge from the wound of a thin greenish fluid, of great fetor; the skin, for several inches around the wound, was of a purplish appearance, and the limb so painful that he could not bear to have it moved in the bed."

"As I was called in," says Dr. Black, "for the purpose of amputating the limb, I suppose I should have proceeded to the operation im-

* King W—— said "he would have no d—d German nonsense in his Palace."

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mediately, in strict conformity to medical etiquette. But, having ascertained that both of my illustrious predecessors were most learned 'root Doctors,' I did not think it advisable to sacrifice the patient's leg to motives of mere personal etiquette, even where it is justly due. Consequently, instead of cutting off a limb, I went to work and cured it."

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Fatal influence of Solitary Confinement on coloured persons.—Dr. B. H. Coates stated to the Philad. College of Physicians at a recent meeting, that a very disproportionate mortality was shown by the official Prison Reports to exist, under separate confinement, in the white and coloured races. In the Eastern Penitentiary the proportion was *seven* blacks to *two* whites. From the statistics of Dr. Emerson, published in the *American Journal of the Medical Sciences*, it appears that the relative mortality of the two races in Philadelphia is nearly as two to one. Dr. Coates infers from this that coloured persons ought not to be subjected to the punishment of separate confinement; or any confinement, without air, exercise, and sunshine.

Medical College of the State of South Carolina.—The class in attendance the past winter amounted to 214, of which number the degree of M. D. was conferred on 62.

Medical Students in the State of New York.—The total number of medical students in the several Medical Schools in the State of New York, during the session of 1841–2, was 605; during the session of 1842–3, 677.—*Regent's Report.*

Addison County Medical Society, Vermont.—Officers. *President*, Jonathan Adams Allen, of Middlebury. *Vice President*, Dan. C. Stone, of Vergennes. *Secretary*, D. C. Goodale, of Addison. *Censors*, Geo. E. Stone, M. H. Ranney, and P. Cheney. *Librarian*, C. H. Sprague. *Treasurer*, Wm. P. Russell.

Connecticut Retreat for the Insane.—Dr. John L. Butler, late Physician to the Institution for the Insane of South Boston, has been elected Medical Superintendent of the Retreat for the Insane at Hartford.

FOREIGN INTELLIGENCE.

Poisoning Children in England with Godfrey's Cordial.—In our preceding No. we gave some account of the condition of the London Milliners, as detailed in a report recently presented to Parliament; and we propose now to notice some astounding developments made in that report as to a practice prevalent among a portion of the labouring classes of Great Britain, and to which they are driven by the pressure of poverty. The practice to which we allude is detailed in the following extracts from the *Athenæum*, March 4, 1843.

"We have often heard, as have many of our readers, of the extent to which Godfrey's Cordial is administered, to 'quiet' children, in many districts where the pressure of poverty obliges the mother to work instead of attending to her baby. We confess that, accustomed as we have been to hear such rumours, we were little prepared for the horrors which Mr. Grainger's report has brought to light on this systematic poisoning of children; for to this the following well attested evidence clearly amounts.

"In the first place, the extent to which the practice is carried may be guessed from the admission of one druggist to the coroner, that he had himself made up thirteen hundred weight of treacle into Godfrey's Cordial in one year! Not only is this mixture a preparation of laudanum, but witness (a chemist) is obliged to prepare the laudanum of a greater strength than is prescribed in the Pharmacopœia, or the persons who purchase it would object; and the cordial so prepared is stronger than that sold under the same name in London. The system is, to commence the dose as soon after birth as possible. The mothers 'begin with the syrup of rhubarb and laudanum mixed together; then they go to 'Godfrey's Pure,' and then to laudanum, as the effects become by habit diminished.' About half a teaspoonful of the mixture is at first given, then one tea-spoonful of the cordial, and finally they arrive at 15 and 20 drops of laudanum at a time! The child, thus hocussed, lies for hours in a state of stupor in its mother's lap, whilst she pursues her em-

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ployment of winding the thread on the bobbins. The results on the health of the little victim are soon apparent. It becomes pale and wan, with peculiar sharpness of feature, and rapidly wastes away; and the *majority* of these children die by the time they are two years old! The following is the statement of a girl, evidently acting in accordance with the custom, and in entire ignorance of the result. She is 20, and the mother of an illegitimate child: 'has worked since she was six years old for 14 or 15 hours a day on the average.' Can earn about 3*s*. a week now, working from 9. A. M. till 10 P. M. 'If it were not for her having to sit so close to work, she would never have given her baby the cordial. She has tried to break it off many times, but cannot, for if she did, she would have nothing to eat. * * When the infant was a week old, she gave it half a tea-spoonful of Godfrey's twice a day. * * She gradually increased the quantity by a drop or two. * * When it was four months old it was so *wankle* and thin, folks persuaded her to give it laudanum, to bring it on, as it did other children.' At the end of her evidence is appended a note from the doctor, that the infant was brought to him in the last stage of marasmus, suffering under very considerable diarrhœa, and would not in all probability live many weeks.

"But is it conceivable, that all women are equally blind to the effects of this wholesale poison? There is clear evidence to the contrary. The following is the testimony of Mr. Michael Browne, the Coroner of Nottingham, given under his signature:—

"'The excuse has frequently been that the mother was obliged to adopt this plan because she had no time to attend to the child, being engaged in work. Has strong reason to believe that many infants, other than those on whom inquests are held, perish more insidiously from the administration of laudanum. * * Knows that the practice of administering pure laudanum to infants, as being more efficacious than the cordial, is very prevalent. Knows that the cordial and laudanum are given to infants on the day of birth, and that even it is prepared in readiness for that event. Knows of an inquest lately in which death took place from this cause on the second or third day.'

"The following is almost too monstrous for belief. The Coroner continues:—

"'In 1836 he held an inquest on an infant four months old, apparently a fine healthy child, to whom the mother had given, in the forenoon, a dose of cordial; stupor was produced, and ultimately, after six hours had elapsed, medical assistance was procured, *but not by the mother, who apparently wished the child to perish.* By proper treatment, persevered in from 6 P. M. until after 12 at night, the child was so far restored as to open his eyes and cry. The *surgeon gave directions* that the child should be kept aroused, and in motion, and have cold water dashed on the face till the narcotic effects had subsided.' Instead of this, in a quarter of an hour after the surgeon left, *the infant was allowed to sink to sleep and die.* The medical attendant, Mr. Wilson, told witness, that by attention to the directions given to the mother the child would have recovered. *It was witness's opinion that the case against the mother amounted to manslaughter; the verdict was, 'Died in consequence of having a large dose of Godfrey's cordial administered by the mother.* On inquiry ascertained that besides this one, *four other children had died suddenly*, of whom one was killed by an injury from a cart; *the cause of death in the other cases is not known.* Within the last two years the number of these inquests has somewhat diminished, which witness is inclined to attribute rather to a greater care *in concealing such cases* than to any diminution of mortality.'

"For the words 'Godfrey's Cordial,' in this sapient verdict, read 'poison,' and the precise truth is told. The coroner's notion, that the conduct of the mother amounted to manslaughter, is, we apprehend, short of the fact; our idea of the matter is, that where a person does any act of which the probable consequence may be, and eventually is, death, such killing should go by another and a shorter name. The giving a child a 'large dose' of laudanum, when the mother had the means of knowing the exact effect, sufficiently establishes, we think, her knowledge of the probability that death would ensue. It did ensue; and her conduct beforehand was the only course she could pursue to ensure that effect—pursued moreover against the express warning of a medical man. The malice aforethought is evidenced by the same facts. The Attorney General has moved for a *certiorari* to quash less doubtful inquisitions than this.

"But there is further evidence of this sys-

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tem of child murder. A chemist, whose name is withheld, says:—

"'A case occurred a short time ago of a mother coming into the shop with her child in the arms. Witness remonstrated against giving it laudanum, and told the mother she had better go home and put the child in a bucket of water,—'it would have been the most humane plan of putting it out of the way.' The mother replied that the infant had been used to laudanum and must have it, and that it took a half-penny worth a-day, or 60 drops. Does not know what has become of the child, but '*supposes it is done for by this time.*' It is not uncommon for mothers to begin this practice with infants of a fortnight old; commencing with half a tea-spoonful of Godfrey's, or 1 or 2 drops of laudanum. *Has known an infant killed with three drops of laudanum, but nothing was said about it.* Knows that many infants die by degrees, and that no inquest or other inquiry is made. Has known some odd cases where surgeons have been called to apply the stomach pump; but 'infants go off quickly, they are not like grown people.'"

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Tannin an Antidote to Poisonous Mushrooms.—Tannin, which forms with many vegetable poisons an insoluble combination, is stated by Chausarel to be an antidote to poisonous mushrooms. M. C. has observed the best effects in poisoning by these plants from the administration of a weak decoction of gall nuts, or a solution of tannin.—*Annals of Chem.* March 1843.

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Woman tapped 866 times.—M. Lecanu has communicated to the French Academy of Medicine the case of a woman 36 years of age labouring under ascites, who was tapped 866 times. The first time 20lbs. of clear limpid fluid was removed. It accumulated so rapidly that the operation had to be again performed in 10 days, and this was done regularly every 10 or 12 days for 15 years, until M. Lecanu determined to apply compression to the abdomen. Under this treatment the secretion gradually diminished and at last stopped altogether, so that no operation has been performed for the last two years.—*L. & E. M. J. Med. Sci.*, Jan. 1843.

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Cancer Influenced by Civilization.—M. Tanchou, in a paper read to the French Acad. of Sciences, endeavoured to show that diseases of the mamma increase in proportion as civilization advances; and adduced a series of tables in support of that opinion.

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Spermatozoa within the mammiferous ovum.—Dr. Martin Barry states, that he has again detected the presence of spermatozoa in the ova taken from the Fallopian tube of a rabbit, within a few hours after coitus.

—

Detection of Arsenic in the Liver.—Dr. Christison has recently succeeded in detecting arsenic in the liver of a person who had died of poisoning with that substance, and whose body had been buried three months.

—

Worms in the Blood of a Dog.—M. Gruby exhibited to the French Acad. of Sciences, Jan. 30, under the microscope, filiform worms which he found alive in great numbers in the blood of a dog. They were in size nearly one-half, or about two-thirds, of a blood globule.—*Comptes Rendus.*

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Nervous Structure of the Uterus.—It appears from the results of Dr. Robt. Lee's dissections, that the human uterus possesses a great and extensive system of nerves, which enlarge during pregnancy, along with the coats, blood-vessels, and absorbents of that organ, and which after parturition resume their original condition. It is chiefly through the influence conveyed by these nerves that the uterus is rendered capable of performing its various functions, and by which sympathies are established between it and other parts of the system.—*Proceedings of Royal Society*, June, 1842.

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Institute of France.—M. Velpeau has been elected a member of the Academy of Sciences in the place of Baron Larrey. The chief candidates were MM. Velpeau, Lisfranc, Lallemand, Civiale. At the third ballot the votes stood, for M. Velpeau 33, for M. Lallemand 26.

—

Suppression of Quackery.—The French Chamber of Peers has passed a law ordaining that, in future, no patents shall be granted for secret remedies, or for pharmaceutical preparations. Our own patent laws should be so changed as to exclude medicinal preparations and surgical instruments from the protection of a patent, and we urge

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the profession to make a move in this matter.

—

Plea of Insanity in Criminal Cases.—We extract the following, it appears to us just remarks on this subject, from an article in *The British and Foreign Review, or European Quarterly Journal*, for April last.—"The acquittal of certain criminals on more than one recent occasion, on the ground of insanity, has unquestionably encouraged other persons to attempt similar crimes, under shelter of the same plea. Each verdict has been followed by a recrudescence of such offences. This striking fact is in itself a sufficient proof, that however such delinquents may be affected in their minds, they are sufficiently sane to reason, and to act upon the state of the law and the decisions of juries, by which they conceive it to be demonstrated that they are exempt from the operation of the law. How then can it be maintained that the same persons would have been incapable of reasoning upon the effect of the law, if it had been applied in all its rigour, or of conforming to its injunctions, if they had no hope of eluding its penalties? The assurance of impunity not only acts upon insane minds as a direct incentive to crime, since they know themselves to be legally relieved from the consequences of their actions, but it acts upon minds in a state of incipient unsoundness, as an encouragement of the disease by which they are affected. The will is itself the guardian of the will. In very many cases of mental disease we have no doubt that the necessity of adhering to a stricter discipline, aided by the fear of penal consequences, might check the progress of the complaint. A mind is seldom overthrown until it is relaxed."

* * * * * *

"With regard to the test of insanity, or to speak more accurately, the test of moral responsibility, it does not appear to us that the mere proof of the presence or absence of the faculty of distinguishing right from wrong is the safest that can be adopted. The number of persons of insane mind who are utterly unconscious of what is right or what is wrong, is comparatively small, yet they are not fit objects of punishment, at least not of capital punishment, where their impulses are so extravagant and their power of self-control so enfeebled, that they are the victims of merciless and absurd delusions which they obey, though they believe them not; on the other hand, where every circumstance in his life tends to warrant the inference that a man does habitually exercise the control of free volition over all his ordinary actions, we should be most unwilling to exempt him from punishment, on the ground of a mere mental delusion; because the fear of punishment is quite as likely to restrain such a man from a crime as the delusion, under which he labours, is calculated to impel him to commit it. In a word, the only test which a court of criminal justice can allow itself to adopt, and the only inquiry upon which it ought to enter is, whether the criminal had sufficient intelligence to know that the act he has committed is punishable by law, and sufficient control over his actions not to be the mere victim of blind impulse or frenzy."

—

Larvæ of the Musca Vomitoria, developed in the Eye.—A boy, three years of age, was brought to Dr. Eitner in the month of July last, affected with violent inflammation of the left eye especially, the child declaring that he felt something "creeping in his eye." The left upper eyelid was enormously swollen, and nearly covered the under eyelid completely. On raising the upper eyelid, the posterior extremities of a mass of maggots were immediately brought into view. Proper assistance having been procured, *twenty larvæ* of the common *blue bottle* were extracted one after the other; they were half an inch in length each, and required a tug to loosen them from their position. From the inner canthus of the right eye a single larva was perceived and extracted. The child recovered under ordinary treatment; the sight of the left eye was very long of being recovered, but the cornea regained its transparency by degrees; and at the time of the report being made, there was only a nebulous spot, about the size of a lentil, which also seemed to be disappearing.—*L. & E. M. J. Med. Sc.* March 1843, from *Med. Zeit. von Preuss. Verein.* Nov. 9, 1842.

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TO READERS AND CORRESPONDENTS.

We are able to lay before our readers foreign intelligence of the latest dates, having received the Nos. of the British Journals up to the 1st of May.

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THE

MEDICAL NEWS

AND

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VOL. I. JULY, 1843. No. 7.

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CLINICS.

PENNSYLVANIA HOSPITAL.

Cases discharged from the Surgical Wards since April 22d.

Service of Dr. G. W. NORRIS.

	Cured.	Relieved.	Died.
Abscess,	2		
Burns,	2		
Caries,		1	1
Contusion,	9	5	
Cystitis (chronic),		1	
Fractured clavicle,	1		
" radius and ulna,	1		
" radius,	1		
" thigh,	1		
" thigh (comp'd),	1		1
" patella,	1		
" fibula,	1		
Gangrene,			1
Hæmorrhoids,	2		
Hydrocele,	1		
Inflamed glands of neck,	2		
" " elbow,	1		
" " knee,	1		
" " eye-lids,	1		
Injury from blasting,	2	1	
Iritis,	1		
Lupus,	1		
Sprained ankle,	1	1	
" knee,	1		
" shoulder,	1		
Stricture of urethra,	1		
Tetanus,			1
Tumor,	1		
Ulcer,	1		
Urinary calculus,	1		
Venereal disease,	7	2	
Wounds, incised,	2		
" lacerated,	6		
" contused,	1		
Total,	55	11	4

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year payable in advance.

This number contains one sheet, and will pay newspaper postage.

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Cases received into the Surgical Wards of the Penna. Hospital since April 22, 1843.

Abscess,	2
Burns,	1
Cancer,	1
Caries,	2
Cataract,	1
Concussion of brain,	1
Contusions,	15
Coxalgia,	1
Cystitis (chronic),	1
Disease of knee-joint,	1
Dislocations,	2
Eczema,	1
Enlargement of prostate,	1
Fractured clavicle,	4
" both bones of forearm,	2
" radius only,	3
" ulna, "	1
" humerus,	1
" both bones of the leg,	3
" fibula only,	1
" femur, within capsule,	1
Compound fracture of both thigh bones,	1
" " of lower jaw,	1
Gangrene,	2
Hæmorrhoids,	2
Hydrocele,	1
Inflamed ankle,	1
" arm,	1
" elbow,	1
" knee,	1
" leg,	1
Sprains,	2
Tumors,	3
Urinary calculus,	2
Venereal disease,	10
Wounds, lacerated,	12
" incised,	1
Total,	88

F. W. SARGENT, *Resident Surgeon.*
June 22.

MEDICAL EDUCATION AND INSTITUTIONS.

The Medical Profession in the Navy. No. I.

It will be generally conceded that the profession of medicine is indispensable to the community; it has been lauded in almost every possible manner by poets and historians. The members of the profession have been held worthy of the companionship and fellowship of the best in the land, and for this reason a large proportion of the talented have aspired to its honours. Although this is true, we have little but words by which to estimate the value of the medical profession; and there are very few who can tell us why so many young men aspire to be Doctors. And there are very few indeed who are aware how much it costs, how much capital, in money, labour, and time, is required to make a successful practitioner. It is not a profession by which a man can at once make his bread; and it might perhaps be shown that, before a *thoroughly educated* physician can live by his profession, he will have spent in his education, college and preceptors' fees, professional books, and for maintenance, a sum of money, which, if properly invested, would be sufficient for his support without practice or labour. There is a money-value set upon all things in the United States, where it is almost universal for every man to live by the profits of some occupation or calling. But the profession of medicine has no established money-value, and perhaps never will have, unless there be a change in the mode of regulating medical affairs.

Perhaps there is no pursuit in life that is worse rewarded than that of medicine, especially where the honourable practitioner possesses an imperfect education combined with mediocre talent; because the public is sure to discover those persons who can best perform the services it requires—of course we speak of men of integrity and moral worth: quacks will thrive in proportion to their moral dulness and active arrogance—and thrive, too, where honest physicians starve.

The standing of the profession has been injured in public estimation by the competition of medical schools, in every one of which the effort is to obtain numerous pupils and to turn out numerous graduates. The diploma has ceased to be, in a great measure, a guarantee to the public of professional qualification—there is such a facility in obtaining degrees, and also private testimonials of professional qualification, that it is absolutely necessary to gain reputation before the practitioner can obtain sufficient employment to get his bread. This state of things is not new, for twenty years ago the government found it necessary to disregard diplomas and private letters of recommendation, and examine the pretensions of those persons who were candidates for public service in the navy and army. The low estimate of the profession by the public is distinctly observable in the com-

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paratively low position and remuneration given by the government to the medical officers of the navy and army, which it will be our object to show in the series of articles we propose to submit to the consideration of our readers, in successive numbers of this journal.

To be a competent physician or surgeon, requires a thorough primary and classical education, and after this is obtained, to spend several years in patient study and labour. The candidate, let us suppose, receives the degree of Bachelor of Arts at the age of eighteen, and at once becomes a student of medicine. He spends three years in professional reading, and attends two full courses of lectures at a college or university, and at the age of twenty-one receives the degree of Doctor of Medicine. But he is not yet fully qualified for practice; he finds it necessary to submit to the test of experience what he has learned from books and lectures, and for this purpose he spends two years as resident physician in some hospital, or he passes a similar period in attendance upon the hospitals and lecturers of Europe, either in London or Paris. Then he offers himself to the public as a practitioner, and in order to gain favour and become known he gives his services gratuitously to the poor as Dispensary Physician—he writes for the medical journals and perhaps delivers lectures, subordinate to those of some medical school, and after almost incessant toil he finds perhaps at the end of about ten years, that his professional business yields him a living profit. So that it may be set down as a general rule, there is no practitioner under thirty-five years of age who is able to live by his profession alone. Of course there are exceptions to this rule, in cases where the influence of commanding talents, of unusual personal qualifications, or of professional friends, has brought individuals rapidly into notice; but these instances are not frequent, and those who select medicine as their profession should understand precisely what they seek—a profession which, by close application, for, at the very least, fifteen years, will yield them a competent support while their own health and strength will permit them to toil. Is there a single instance in the city of Philadelphia, the medical metropolis of the United States, of a surgeon or physician whose professional gains alone have enabled him to retire from labour? Is there one in the United States? Not one can be found, whose fortune has not some collateral origin.

Although there are so many obstacles to rapid success in the early part of the career of the practitioner of medicine, it is better than serving in the navy, for, as a general rule, it may be safe to estimate the profession to be worth from two to three thousand dollars a year to every respectable practitioner *after* he has been "located" twenty years. And there are some few whose professional labours yield them three or four times these amounts; but it should be always borne in mind that besides professional knowledge, there is also required a sufficient capital in money to afford him the costume, style and porte of a gentleman at his ease, for no one thinks of employing a needy, hungry-looking doctor, especially if he be an unmarried man—and if he be married his wife and family must have the tone and appearance of belonging to a gentleman.

If our view be true, as we believe it is, medicine is not the profession for a poor man, be his talents what they may. But many a one has embraced it, little thinking of the drudging and heart-burning he must encounter before his labours bring him an adequate return. Physicians are expected to perform too many charitable services, for, even after they are established, we find them working gratuitously for institutions of various kinds, both poor and wealthy. They have been expected to give their professional services to life insurance companies, to clergymen, even though they be in receipt of large salaries; and some physicians have gone so far as to render gratuitous services to officers in the army and navy, whose means are generally greater than that of the majority of their patients. We have known a surgeon perform an operation gratuitously for an unmarried lieutenant in the navy, whose pay was $1500 a year; yet, there is little doubt, the same surgeon would expect remuneration from a mechanic whose income might not exceed $700. Instances of this kind are calculated to lower the value of the profession in the estimation of many, and especially of those who receive the gratuity. Services should always be charged, and if any who receive them declare their inability to pay, the physician may then forgive the debt, but he should always make the recipient of his services understand they have a value.

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Hundreds who receive the assistance of regularly educated physicians without remuneration, cheerfully purchase quack-medicines, and pay fees to homœopaths, thompsonians, and every other species of quack, while at the same time they accept the unpaid services of a well educated accoucheur in their families. And notwithstanding the great body of the clergy expect the services of medical men without pay, simply because they are clergymen, they are notoriously the most active patrons of medical quackery in the country. In proof of this, we might refer to the numerous certificates of the efficacy of quack medicines, signed by clergymen, which may be seen almost every day in the newspapers.

One remark further in regard to the gratuitous services of medical men, and we are done for the present. In those hospitals wherein physicians serve without pay or even thanks, the apothecaries, and other officers, are remunerated, but he, upon whose labours all their usefulness depends, is denied all pecuniary reward. In whatever manner otherwise, his services to the hospital may be estimated, they have no money-value: and if he retire after ten or fifteen years' labour, he is supposed to be amply paid by a vote of thanks presented by a board of managers. And why is this? It is not because these charities are too poor to pay for professional services, as would speedily be discovered in event of lawsuit touching their interests in any way, nor is it because they would not pay, if professional services could not be obtained without, but because members of the profession, from the richest to the poorest, are too ready to give their time, labour, and services, for nothing, prompted by noble impulses, and always forgetting that their services are indispensable, and consequently, under a proper understanding, would always command a price.

Although the full value of a physician's services cannot be measured or estimated in money, (until men set a stated price upon health and upon life, in accordance with some scale, formed in a ratio to age and relative social position,) there is no reason why the recipients of a physician's care should confine the manifestations of their gratitude to verbal expressions. The obligation arising from a patient to his physician cannot be cancelled, always, by money alone; but this surely ought not to be urged as a reason why all pecuniary reward should be withheld! While they give their intelligence and time to relieve and comfort the sick, and shield them from death, unless their patients supply the means, how are physicians to supply sustenance and clothing for themselves and families? If this be true with individuals, it is also true with institutions, in the principles here shadowed forth. We grant that many of these institutions are for the benefit of the afflicted poor—but we do not admit that the founders of public charities have a right (or are justifiable) to tax for their support one class of the community more than another. Why should the physicians in a community, more than the members of other professions or callings, be called on to give their time and labour to benefit the public without remuneration?

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Quackery.—Every age has its peculiar delusion. It was Voltaire who said, alluding to the election for members of parliament, "that Englishmen went mad every seven years." Had he lived in the present day, and witnessed the infatuation exhibited for every startling medical humbug, he would have felt disposed to think that a certain portion of the nation had annual fits of mental derangement. No sooner does one species of quackery bud into existence, flourish, and retire to the tomb of all the capulets, than another starts into life and activity, exciting the admiration of all the old women and weak-minded men, ever ready to swallow the most incredulous and preposterous stories as if they were delighted in being imposed upon.

The most striking delusion or monomania of the present day is that of the *homœopathists*—the infinitesimal Doctors who believe in the virtues of the *millionth*, *billionth*, and *trillionth* part of a grain of magnesia and rhubarb, and predict the most wonderful cures to result from the exhibition of these unappreciable doses of medicine.

Doctor Quin, we understand, is amassing considerable wealth by his homœopathic practice; and yet, when ill himself, he places no faith in his own doctrine, but sends for his allopathic friend, Mr. Liston. This

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is one of the grossest delusions ever practised on the credulity of the public, and which men of honour and principle ought to shrink from, as one would do from the sting of an adder.

The principle upon which the system is founded is, to a certain extent, true, and we quarrel not with it, but we do with its general application. How easy it is for an unprincipled man, professing to practice the homœopathic doctrine, to deceive his patients, and to cure them on allopathic principles, leading them all the time to believe that he is doing the reverse. Who can tell that the powders which these quacks give, contain such minute doses of medicine? We have only their word for it, and are they to be trusted? An allopathic physician, when requested to prescribe for a patient, writes a prescription which any chemist understands and can prepare. He cannot deceive us; but how different is the conduct of those who profess to practice this new-fangled dogma. It is founded in imposition. Its very essence is deceit, and as such every honest man ought to repudiate it.

We have said more, however, on this subject than we intended. The bubble will soon burst, and then the public will wonder how they could be so easily deceived.

"The homœpathic system, sir, just suits me to a tittle,
It proves of physic, any how, you cannot take too little;
If it be good in all complaints to take a dose so small,
It surely must be better still to take *no dose at all*."

This is sound logic, and we recommend our homœopathic readers to lose no time in acting upon it.—*Physic and Physicians.*

Clerical Encouragement of Quackery.—The following excellent article on this subject is from the *Western Journal of Med. & Surg.* The clergy, who are so often the recipients of the gratuitous services of the medical profession, will doubtless receive the following remarks in the spirit with which they are offered:

"We can scarcely open a newspaper without meeting with the advertisement of one or more quack medicines, recommended and avouched by clergymen. Now such is the confidence of the mass of the people in their spiritual pastors, that these certificates have in them a power even greater than the forged testimonials of eminent deceased physicians, so often seen appended to the same advertisements. Such being the case, we would respectfully ask our clerical friends, to whom we attribute no bad motive in this matter, whether they have ever reflected on the mischief they do to the community by these recommendations? Do they not know that if a nostrum be *inert*, a reliance upon it may destroy life—if *active*, that while it may relieve or even cure a few, it will kill many more? We would charitably believe that most of these certificates are given without due reflection. The majority of them are for cough mixtures, balsams, boluses or lozenges, which are presented as infallible remedies, without reference to the nature of the disease in the lungs, by which the cough is produced. But the diseases of the lungs are of various kinds—requiring different modes of treatment—and what may cure one patient will destroy another. If a clergyman, then, has seen a quack medicine relieve one individual, he is not justifiable in generalizing, and commending it to all who may, from the coincidence of a single symptom, fancy themselves in the same condition.

"Medicine is an inductive science, the basis of which is a knowledge of the structure and functions of the human body. He who builds on this foundation, rests his superstructure on a rock—all others build on sand. How many of our clergymen understand anatomy and physiology, beyond Dr. Paley's Natural Theology? We suspect very few. We would ask these respected brethren, what they mean by orthodoxy? Is it not a full acquaintance with the letter and spirit of the Bible, and a faithful adherence to both? Now medicine, so to speak, has *its* orthodoxy, which consists in a profound knowledge of the principles of the science, and a reliance on them to guide us in practice, as the divine relies on the doctrines of the Bible to guide and govern him in preaching. If some ignorant layman, but superficially acquainted with that divine revelation and unimbued with its spirit, were to advertise a new exposition of its doctrines—a sort of patent mode of securing Heaven, what would our clerical friends say, if physicians who had never made the Bible a study, were to certify to the truth and efficacy of such a pretended discovery? They would, undoubtedly, warn the people to beware. It would be a dereliction of duty for them to remain silent; and we, on the other hand,

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feel that duty in reference to the health and temperal welfare of the community, commands *us* to speak out, in words of warning to the people, and of rebuke to such of their spiritual leaders, as travel out of their profession, to enlist under the banner of quackery in another."

—

Quack Advertisements.—We hold, and we defy contradiction, that the advertising quacks are neither more nor less than common swindlers obtaining money under false pretences. The statements they make we all know are falsehoods, and the promises they make we all know are never realized. Are not all persons, therefore, contributing to such a system of cheating more or less culpable, and as such to be blamed by every one who respects the laws of the country or the morals of the people? These observations may not reach those to whom they are addressed, but medical men may do much to bring the matter before them. It is their special duty to do so, and they should do so without fear of any imputation or insinuations as to motive. We know that there are abundance of feeble-minded, uneducated, meddling persons who gloat over and encourage these productions, and who may say that our profession object to them because they are injurious to their interests, but the sooner we draw out the patrons of quacks both in the profession and out of it, into a controversy as to the truth or propriety of the proceedings, the better. Society has undergone a revolution, and a kind of confidence, the fruit of ignorance, manifests itself at every turn, in flippant criticism. Every one now-a-days knows every thing, and above all things the enlightened public are thoroughly versed in medical science, and all its collateral and auxiliary branches. The fate of the most eminent practitioners hangs upon the lispings of pretty misses, and the small talk of their youthful admirers, while the still more erudite seniors of the family lay down the law with a degree of confidence which a medical lecturer or author might well envy. Homœopathy, hydropathy, mesmerism, phrenological fortune-telling, and fifty other topics, suggested by the knaves and fools of our profession, engross attention exclusively, and had not the philosophy of comets and earthquakes lately come to our relief, we know not where the medical controversy might have ended. In the mean time quackery flourishes, and the ancient error that "honesty is the best policy," becomes every day more and more rediculous.—*Dublin Med. Press*, 5th April, 1843.

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Suppression of Quackery—Cancer Doctor imprisoned.—A Doctor Beauvoisin, who professed to "cure cancer without the knife" has been recently condemned in France to two years imprisonment and a fine of forty dollars, as guilty of obtaining money under false pretences. It was clearly proved that the patients, whom he announced as cured, were not cured at all, and that the letters which he published as coming from them, were forgeries.

Such a fellow might have flourished undisturbed in this country, and have grown *fat* on his spoils.

—

Results of Homœopathy.—It is stated in a recent English Journal that another of the Earl of Denbigh's family has fallen a victim to the theory of infinitismal doses. His Lordship's third son died from accumulation of mucus in the air passages, the result of hooping-cough. An active emetic usually relieves cases of this kind, as is well known, but that the infinitismal doses of the nihili pillifying gentry should fail is just what any sensible person would expect.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Influenza.—This epidemic is, at the present moment, prevailing over the whole of the eastern and middle States of the Union. A very large portion of the population have been affected or are now suffering from it. In Albany a correspondent writes to us that four fifths of the inhabitants have had it; and in the city of New York it has prevailed to such an extent, we learn, as to seriously delay or suspend most business operations. Great numbers have suffered from the disease in Philadelphia, where it seems not yet to have reached its height.

So far as our observation has extended, the disease, though often threatening in its symptoms, has been extremely manageable.

Its onset is usually very sudden, sometimes with a chill, but most usually with the ordinary symptoms resulting from what

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is popularly termed having "taken cold." In most cases the disease assumes a catarrhal character—and then it is ushered in with coryza, cough, and very violent oppression of the chest; or the larynx is affected and the oppression is of a croupy character. In other cases rheumatic symptoms predominate, and the patient has the most severe pain in the back and hips,—lumbago and sciatica. In other cases again the head suffers most, and there is severe headache, injection of the conjunctiva, and more or less photophobia; whilst in others, again, there is hemicrania, severe pain in the ear, &c., the pains being of a neuralgic character, and these neuralgic pains are also experienced in some cases in the limbs. In some instances the digestive organs seem to bear the onus of the disease, and the patient has nausea, severe pain around the body just below the margin of the diaphragm, pains in the bowels, and occasionally diarrhœa. Finally, in other cases these affections are variously combined, at times one and at others another predominating, and even alternating in the same patient.

The pulse, even in the most severe cases, is little affected, the heart not sympathizing with the suffering of the other organs. The skin is generally warm at first, and sometimes dry, but perspiration is in the latter cases easily excited, and from the commencement, in most instances, there is very profuse sweating. The patient usually complains throughout the progress of the disease, of a feeling of lassitude and debility.

The disease sometimes runs its course in a few hours, in others it is protracted to five or six days, or perhaps longer.

As already intimated, the disease is very controllable by proper remedies. We have seen the oppression of the chest when most severe and threatening, and also the pain in the back and loins, promptly relieved by a mustard plaster. In other cases cups were required, which always were productive of the desired result.

In many cases a mild laxative, followed at night by a mustard pediluvium and Dover's powder, are the only remedies necessary. The cough, when troublesome, is relieved by the ordinary expectorants and sedatives.

—

Medical Department of Hampden Sidney College, in Richmond, Va.—The chair of anatomy and physiology in this school is vacant, and the Faculty advertise that "applications, post paid, will be received by the Dean [Aug. L. Warner, M. D.] until July 18th."

The number of students last year is said to have been *about* 70.

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Castleton Medical College.—Dr. Wm. Sweetser has been appointed to the chair of the Theory and Practice of Medicine in this school.

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Lea & Blanchard have published for the low price of 25 cents, "Surgical Operations performed under the influence of Mesmerism," by Dr. Elliotson of London.

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Baltimore College of Dental Surgery.—The fourth annual session will commence on the first Monday in November next, and continue four months. The course of study embraces four departments, viz. 1st. Dental Physiology and Pathology; 2d. Practical Dentistry; 3d. Anatomy and Physiology; and 4th. Special Pathology and Therapeutics. Tickets for the course $100. Matriculation fee $5. Diploma $30. Dissecting (optional) $10.

—

New works.—Messrs. Lea and Blanchard will publish, we learn, in the course of the present month, Churchill's Midwifery, illustrated with splendid wood cuts, corresponding to Wilson's Anatomy, and Fergusson's Surgery, edited by Prof. Huston; also, Carpenter's Human Physiology, with additions by the author, edited by Dr. Clymer; Graham's Chemistry, edited by Dr. Bridges; Wilson Philip on Indigestion, and Brodie on Diseases of the Joints; Wilson's Practical Surgical Anatomy.

The following new works are in preparation, and will soon appear: A Treatise on the Diseases of Children, by D. F. Condie, M. D., and a Medical Formulary, by Jos. Carson, M. D.

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Agents affecting capillary circulation.—M. Porseuille has established the fact that nitrate of potass or acetate of ammonia, added to water or serum, renders it capable of flowing more rapidly through either unorganized tubes, as those of glass, or organized, as the vessels of animals, whether in a dead or living condition. Alcohol has a precisely opposite effect; it checks the

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fluidification of humours, and retards the flow of fluids in capillary or other tubes.—*Lancet*, 20th May, 1843, from *Archiv. Gen.*

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Turning of Plants towards the light.—It has been shown by the experiments of M. Payer, and the fact has been verified by a committee of the French Academy, that the portion of the spectrum comprised between the red and blue rays is incapable of producing the tendency of plants to turn towards the light, while the remaining portion occasions this effect.

—

Diseases of Workmen.—M. Fourcalt read a memoir to the French Acad. of Sciences on the 20th Feb. last, on the causes and prevention of certain diseases affecting those engaged in manufactures, and in persons of sedentary occupations. He believes that the causes of these diseases act principally on the skin. Ventilation and muscular exercise are the most efficacious preventive means. Variety of occupation, and the location of the manufactories in the country, would be one of the best ways of bringing these sanative measures into operation.—*L. & E. M. J. Med. Sc.* April, 1843.

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Extirpation of Astragalus.—M. Rognetta and Fournier Deschamps contend that extirpation of the astragalus neither always occasions anchylosis of the foot, nor shortening of the leg, as is generally supposed; and that we may hope for a cure without any notable anchylosis or lameness, when the maleoli are not fractured.

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Illegitimate births.—Mr. Wilde, in his recent Work on Austria, states on the authority of Prof. Bernoulli of Basel, that the proportion of illegitimate to legitimate births in the city of Vienna, in 1836, was one in 2.24; and he further asserts it to be recorded, that in 1838 the number of illegitimate births in Munich *exceeded* the legitimate births by 270!

—

Infantile mortality in Vienna.—The general infantile mortality in Vienna, and throughout Austria, is very great, and the causes of death are chiefly abdominal diseases. I have remarked two singular practices in the treatment of infants, both of which are highly prejudicial: during the first year or eighteen months, they are bandaged like so many Egyptian mummies, by means of a broad tape or ribbon, bound round their pillows, in which they are completely encased, and which prevents their ever stirring a muscle of their extremities. Again, each infant, no matter whether it suckles at the breast or is spoon-fed, is provided with a kind of artificial nipple formed of a bit of linen, in which a piece of pap or bread and milk, about the size of the thumb, is bound up. This is not only given it to derive nourishment from, but whenever a child cries it is crammed into its mouth. Now, although a good nurse will change the food in this every twenty-four hours,* yet I have been informed that many do not do so for a week together; in either case fermentation ensues, and this, added to the saliva of the infant with which it is saturated, the dirt of the thing itself, which is constantly falling from the child—its becoming hot and cold twenty times a day—renders it one of the most unhealthy substances a child can possibly have access to, as its general sour smell plainly attests. It is not alone given them when they are teething—for I have seen it in the mouths of numbers of children not a week old.—*Wilde's Austria.*

—

Austrian Police.—the Austrian police inspect all food exposed for sale, and if bad or unwholesome, it is not permitted to be sold. They have also the power of inspecting the houses and lodgings of the inhabitants, to see if they are in a good and healthy condition; they likewise strictly prevent all quacks and unlicensed venders of medicine from practising or itinerating through the country.—*Wilde's Austria.*

—

Necrology.—The late English Journals, received by the steamer, announce the death of Frederick Tyrrell, Esq., which took place suddenly on the 23rd of May last. This eminent surgeon was only 46 years of age. He had been for many years connected with St. Thomas's Hospital and the Ophthalmic Institution, and he enjoyed a very extensive private practice. He had been for some time labouring under disease of the heart.

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TO READERS AND CORRESPONDENTS.

We have received our English Journals up to the 1st of June.

* The author should have said every half hour.—Ed. Med. News.

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VOL. I. AUGUST, 1843. No. 8.

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CLINICS.

WILLS HOSPITAL.

Report of the Quarter ending June 30th, 1843.

Dr. George Fox, Attending Surgeon.

In the Hospital, on April 1st, 1843, with diseases of the eyes, 21; diseases of the limbs, 5; of whom were males 12; females 14. Admitted during the quarter, with diseases of the eyes, 30; diseases of the limbs, 1: of whom were males 14; females 17. Total, 57.

Discharged during the quarter, with diseases of the eyes, 25; diseases of the limbs, 5: of whom were males, 13; females, 17. Remaining in the Hospital on June 30th, with diseases of the eyes, 26; diseases of limbs, 1: of whom were males 13; females 14. Of those discharged there were cured, (males 9, females 14,) 23: relieved, (males 4, females 2,) 6: by request, (female) 1. Total 30. The operations during the quarter were, for cataract, 3. The number of out-patients has been 29. Whole number prescribed for, 86.

WM. SPEER, *Resident.*

MEDICAL EDUCATION AND INSTITUTIONS.

Medical Service in the Navy, No. II.

Perhaps there is no situation in which there is required a higher degree of professional qualification, in which professional deficiency would be more severely felt, and more apparent, than in that occupied by a medical officer in the navy, particularly if he happen to be the only physician in a vessel at sea. In the event of wide spreading disease, or critical wounds, the result of an expedition may depend upon his skill and professional discretion. Should the commander or several of the lieutenants fall sick or receive wounds, difficult for an ignorant surgeon to manage, a voyage might be abandoned which could be accomplished by the presence of one well informed in the princi-

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This number contains one sheet, and will pay newspaper postage.

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ples of medicine and surgery, for it might be in his power to show the means of averting fatal consequences from epidemics or from certain wounds without quitting the sea. But, without supposing such an extreme case, it not unfrequently happens that the lives of valuable officers would be periled, if not lost, in consequence of diseases, quite manageable in the care of a well instructed practitioner, but very destructive in the hands of an ignorant one.

The position of a medical officer in the navy is most responsible, for upon his sole skill and discretion the health and lives of the officers and crew must frequently depend. He becomes, in many instances, the arbiter of life or death; his judgment alone must often decide the question, for he cannot resort to consultation as he might do on shore, and gain the advantage of other and better skill. He must decide for himself; and upon the correctness of his decision may depend, not only the life of his patient, but also whether a wife is made a widow, and children fatherless, whether parents are bereft of a son or sisters of support, or the success of some important public enterprise. His is the responsibility of health, of life and death; no bondsmen can answer for his default, no money can replace what may be lost through lack of medical knowledge.

The government, and also the navy generally, are fully aware of the great importance to the navy of a medical corps possessing a high grade of professional knowledge; and means have been taken, from time to time, to augment its usefulness, and increase its consideration and standing, but it still falls far short of the position to which it is justly entitled—of this point hereafter.

Prior to 1824, medical officers were appointed in the navy simply on the guarantee of a medical diploma, or even on the recommendations of medical men of standing in the profession, and from this circumstance it happened that very many surgeons in the navy were not graduates in medicine. *If these letters of recommendation were always conscientiously written, and only given after careful examination of the candidate for the office*, the navy might have secured competent men in all instances; but experience has taught the government that these letters are to be viewed as testimonials of the partiality and friendship of the writers, rather than as evidence of professional ability. We have known of letters of this nature so strong in their expressions, as to warrant the belief that the candidate was in no respect inferior to Sir Astley Cooper, or Sir Henry Halford; yet, when brought to the test of examination, he might tell you that pleurisy in its commencement was distinguishable from pneumonia by the projection of the intercostal spaces—that the proper mode of treating a simple fracture was to poultice it for the first week—or that fracture of the thigh ought to be perfectly well in three weeks—or that *carbonate* of arsenic was the basis of Fowler's solution—that there was no difference between a chloride and a chlorate—that opium was an extract obtained by boiling the sexual organs of the poppy—that hydrocele and hernia humoralis were different names for the same disease, which could be generally cured by pressure or cold applications—that the bladder should never be punctured through the rectum because it would certainly be followed by infiltration of urine into the pelvis—or that the *martial* preparations derived their name from the gentleman (Mr. Marshall?) who first made them in this city — or make some similar declaration clearly indicating the extent of his learning and competency to discharge the duties of a medical officer in the navy, alone and unassisted. We have good authority that these replies were actually made by candidates, at different times, before the navy board of examination, and that the gentlemen who recommended them in the most superlative manner, were indignant because they were not passed; and, in some instances, they did not hesitate in declaring the board rejected their friends through malice, or pique, or for differing with some one member on a theoretical point, or through political or personal bias; and some, too, were of opinion, these boards ought to be abolished, for a medical diploma was proof enough of competency; and we heard it argued, that a gentleman, who was rejected on examination for promotion, ought to have been passed, because he had extensive political influence, was engaged to be married! and had taken the first honour at college.

No matter whether examined for admission or for promotion, unsuccessful candidates rarely attribute failure to any deficiency of their own; but, making their own opinion of themselves—(sustained, as it usually is, by grandiloquent testimonials)—paramount to that of the Board on the same

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subject, they set down to injustice or unkindness of the Board what is alone chargeable to their own ignorance. In some cases of rejection, professional friends are induced to write extravagant certificates of competency, and thus concur in the opinion of the rejected candidate that the Board has failed in its duty towards him, but without any motive being assigned; and strange to say, such certificates have been brought to the chief of the Navy Department, and even to the President of the United States himself, and urged as sufficient proof that the candidate was entitled to a commission in spite of the adverse opinion of a Board, whose interests were in no way involved in its decision: it is scarcely necessary to add, the Board is always sustained in its decisions, and such appeals are unavailing.

Certificates of character and of qualification are usually prepared under the influence of kindness—a desire to serve the individual who asks the favour, and can rarely be relied upon as rigidly true: we venture to say, that such certificates would not be given in all cases, if the writers were in the habit of feeling responsible for the accuracy of their statements, or if they closely examined those they recommend. And we believe also, always provided they were *qualified to judge*, the writers of such certificates, were they present at examination, they themselves would confirm the decision of the Board in ninety-nine cases in a hundred. There is little doubt but boards of examination have been harshly reflected upon by persons whose knowledge of essential requisites for the candidate, was too imperfect to render their opinions of much worth, no matter how freely they were expressed.—"Ignorance mistaken for knowledge," says Dr. Elliotson,* "is a frightful perpetrator of injustice and cruelty. Were I a preacher, there is one sin,—a daily, hourly sin,—one productive, unheeded, of immense mischief, —against which I would lift my voice in season and out of season, but which I never once in my whole life heard preached against, though I find it treated of in one of the late Dr. Arnold's sermons. It is the sin of *presuming to hold opinions upon which we have not qualified ourselves to have any opinion at all.* Men and women, young and old, educated and uneducated, rich and poor, equally commit this from morning till night, committing it not only in word but in action: and yet they, in superficial routine, pray to God to keep them from presumptuous sins,—'Keep thy servant also from presumptuous sins,'—(Psalm xix)."

The fact is, the leniency, and not the severity, of these boards is rather a ground of complaint; for we have been assured by an assistant surgeon in the navy, that, though there were some passed who were not fully qualified, he knew of no man being rejected who ought to pass.

Dr. Edward Cutbush, a surgeon in the navy at the time, suggested, in his "*Observations on the Means of Preserving the Health of Soldiers and Sailors*," published in 1808, that medical officers should be examined by boards of surgeons for the army and navy prior to appointment; and Dr. W. P. C. Barton makes a similar suggestion in his work on "*Marine Hospitals*," published in 1814; but it was not till 1824, that candidates for admission into the navy were examined previously to their appointment, and again prior to promotion, after serving five years as assistant surgeons. The army board was instituted somewhat later.

Prior to 1824, there were some men appointed, who, notwithstanding that their letters of recommendation were drawn in the strongest terms of eulogy, were scarcely qualified to discharge the duties of hospital steward. Upon examination for promotion, their deficiencies were clearly established, and they ceased to be officers of the navy, in compliance with the terms of the law. And it may be asserted without fear of contradiction, if the boards of examination continue to discharge their important duty, faithfully and fearlessly, both towards the government and the candidates, the medical corps of the navy will challenge any similar corps in the world for excellence and professional efficiency. Independently of this consideration, these examinations have an important bearing upon medical education in the United States, for the schools will endeavour to make their graduates competent to pass the ordeal of the army and navy boards.

In our next, we shall speak of the mode of obtaining appointments in the navy, and of the nature of the examination.

* Numerous cases of surgical operations without pain in the mesmeric state; with remarks upon the opposition of many members of the Royal Medical and Chirurgical Society and others, &c., by John Elliotson, M. D. Cantab. F. R. S., 8vo. pages 56, Lea and Blanchard, Philada., 1843.

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SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Reviving the Dead.—Mantaccini, the famous charlatan of Paris, was a young man of good family, and having in a few years squandered a large estate, and reduced himself to beggary, he felt that he must exercise his ingenuity or starve. In this state of mind he cast his eyes round the various devices which save from indigence, and are most favoured by fortune. He soon perceived that charlatanism was that on which this blind benefactress lavished her favours with most pleasure, and in the greatest abundance. An adroit and loquacious domestic was the only remaining article of all his former grandeur; he dressed him up in a gold-laced livery, mounted a splendid chariot, and started on the tour under the name, style, and title, of "the celebrated Dr. Mantaccini, who cures all diseases with a single touch, or a simple look."

Not finding that he obtained as much practice as his daring genius anticipated, he determined to resort to still higher flights. He left Paris, and modestly announced himself at Lyons as "the celebrated Dr. Mactaccini, who revives the dead at will." To remove all doubt, he declared that in fifteen days he would go to the common churchyard, and restore to life its inhabitants, though buried for ten years. This declaration excited a general rumour and murmur against the doctor, who, not in the least disconcerted, applied to the magistrate, and requested that he might be put under guard to prevent his escape, until he should perform his undertaking. The proposition inspired the greatest confidence, and the whole city came to consult the clever empyric, and purchase his *baume de vie.* His consultations were most numerous, and he received large sums of money. At length the famous day approached, and the doctor's valet fearing for his shoulders, began to manifest signs of uneasiness. "You know nothing of mankind," said the quack to his servant, "be quiet." Scarcely had he spoken these words, when the following letter was presented to him from a rich citizen:—"Sir, the great operation you are going to perform, has broken my rest. I have a wife buried for some time, who was a fury, and I am unhappy enough already without her resurrection. In the name of Heaven do not make the experiment. I will give you fifty louis to keep your secret to yourself." In an instant after two dashing beaux arrived, who, with the most earnest supplications entreated him not to raise their old father, formerly the greatest miser in the city, as, in such an event, they would be reduced to the most deplorable indigence. They offered him a fee of fifty louis, but the doctor shook his head in doubtful compliance. Scarcely had they retired, when a young widow, on the eve of matrimony, threw herself at the feet of the quack, and, with sobs and sighs, implored his mercy. In short, from morn till night, the doctor received letters, visits, presents, fees, to an excess, which absolutely overwhelmed him. The minds of the citizens were differently and violently agitated, some by fear, and others by curiosity, so that the chief magistrate of the city waited upon the doctor, and said; "Sir, I have not the least doubt, from my experieuce of your rare talents, that you will be able to accomplish the resurrection in our church-yard the day after to-morrow, according to your promise; but I pray you to observe that our city is in the utmost uproar and confusion; and to consider the dreadful revolution the success of your experiment must produce in every family; I entreat you, therefore, not to attempt it, but to go away, and thus restore the tranquillity of the city. In justice, however, to your rare and divine talents, I shall give you an attestation, in due form, under our seal, that you can *revive* the dead, and that it was our own fault we were not eye-witnesses of your power." This certificate was duly signed and delivered, and Dr. Mantaccini left Lyons for other cities to work new miracles. In a short time he returned to Paris, loaded with gold, where he laughed at the popular credulity.—*Physic & Physician.*

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An English General Practitioner.—On a cottage window near Plymstock is the following:—"I —— Parish Clarck Seargeant, Smith, tacheth yong Garls and Bouys to rade and rite daleth in mole candals shugar plums rish-lites comes, mole traps, mouse traps, spring guns, and all other sich maters—teeth distracted, blid drawn, blisters, Pils, mixtures maid, also nails, and hosses shoed, hepsome salts, and cornes cut, and all other things on rasonable Tarmes.—N. B. and also my Misses goes out has man whidwife in the cheepest way posuble.—*Dublin Med. Press,* March 22, 1843.

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MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Influenza.—This epidemic still lingers among us, and with the characters which we described in our last No. One peculiar feature in this epidemic is the rapidity with which it has spread, extending over the whole union in less than a month. It seems first to have appeared in New York, and we hear now of its prevalency from Canada to New Orleans, and as far west as the Mississippi. The rural districts seem to have suffered equally with the large cities.

Extirpation of Ovaria.—Dr. John L. Atlee, of Lancaster, Pennsylvania, extirpated on the 29th of June last, both ovaria of a lady. The right ovary after removal weighed 18 ounces, the left 14 ounces. The operation was not followed by any unfavourable symptoms—there was no vomiting—and on the 22d of the present month the patient had so far regained her strength as to be able to ride nine miles. Dr. A. informs us that he is preparing a full report of the case for publication in the American Journal of the Medical Sciences.

The late Attorney-General of the United States.—The death of the Hon. Hugh S. Legaré was caused, as revealed by post-mortem inspection, by strangulated intestine; the colon, at its sigmoid flexure, was rotated around the mesentery as an axis.

The Mulatto a Hybrid.—The No. of the American Journal of the Medical Sciences for July last, contains an interesting paper by Dr. J. C. Nott, of Mobile, on this subject. The author adduces many facts tending to show that the mulatto is a hybrid, and that the two races will probably become extinct if the whites and blacks are allowed to intermarry. If the conclusions of Dr. Nott be confirmed by further investigation, it must follow that the intermarriage of the two races is a violation of the law of nature.

Diet at the House of Correction and House of Industry, Boston.—At the House of Correction, three days in each week, boiled fresh beef is allowed; three days, beef soup; one day, baked beef. About 180 lbs. beef, daily, for 300 prisoners; 6 bushels of potatoes, daily, for the same; 20 ounces bread for each prisoner, daily, made of the best flour, with a small portion of Indian meal. Molasses, tea and rye coffee are also used in considerable quantity; pepper, salt, &c. About one half the prisoners are females.

The official who furnished the above, informs us the rule is—that if any one wants more bread than the regular quantity allowed, it is given him. It is a part of an individual's punishment, for disobedience of orders, to be shortened in the allowance of food. The bread is of the very best quality. The beef, also, is of the best character—and, in fact, so is all the food provided for the institution.

At the House of Industry; Dinners—Sunday, boiled rice and molasses; Monday, beans, baked or stewed, and pork; Tuesday, beef and soup, vegetables, and white bread; Wednesday, baked beef, vegetables, and white bread; Thursday, beef and soup, vegetables and white bread; Friday, salt fish, vegetables and white bread; Saturday, beef and soup, vegetables and white bread. Breakfasts, tea or coffee, and white bread. Suppers, chocolate and white bread. The diet of the sick is regulated by the medical attendants.—*Boston Med. & Surg. Jour.*

FOREIGN INTELLIGENCE.

Cyanosis.—This is characterized by the skin having more or less of a livid or blue colour, especially where the capillary vessels are most conspicuous, or where the integumentary membrane is most delicate, as in the lips, the cheeks, and under the nails. The mucous membrane of the mouth and nostrils also present a livid, instead of its usual bright scarlet tint. This livor of the general surface is accompanied by habitual dyspnœa, tumultuous action of the heart, irregularity and intermittence of the pulse at the wrist, and an inferior capacity to engender caloric. The dyspnœa and irregular action of the heart, generally more or less felt at all times, are greatly aggravated upon occasion. Slight efforts, the act of coughing, of going to stool, and the like, are apt to bring on fits of suffocation, and when the disease is far advanced, attacks of leipothymiæ, in one of which the patient expires. Cyanosis is usually apparent from the period of birth, and when the livid or purple hue is very deep, the child will, in general,

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scarcely survive more than a few days or weeks. If the tinge be less intense, they may struggle on to puberty, when they very commonly perish. Such children have been observed to grow tall and slender; the muscular system is but very slightly developed; their extremities seem to consist of little more than skin and bone; they are fragile beings, upon whose likelihood of long life no venture can be made: occasionally, however, the livor may gradually disappear, and the patient recover altogether. Cyanosis was early attributed to an imperfect condition of the partition between the right and left auricles of the heart, with which it is frequently connected; but cases of cyanosis have occurred which were not referable to any such organic imperfection, and on the other hand, cases have been met with of very free communication between the auricles, without the occurrence of cyanosis. In one very remarkable instance, the particulars of which are contained in the transactions of the King's and Queen's College of Physicians of Dublin, the communications between the two sides of the heart were so large that the organ might have been considered as single, or as consisting of but one auricle, and one ventricle. The pathological condition which has been found accompanying most of the cases of cyanosis has been a dilated and thickened state of the right cavity of the heart.—*Medical Times*, May 20, 1843.

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Placentar Pregnancy.—M. Pierard has observed a case of placentar pregnancy attended with very remarkable symptoms. A fright, at the second month of gestation, appeared to have caused the death of the fœtus. The placenta remained adherent to the womb, becoming enlarged, without any other alteration. After some expulsive pains, of about an hour's duration, there escaped a large quantity of amniotic fluid, very fetid, of a whitish colour, and containing a granular substance; this evacuation was followed by an expulsion of the placenta. The absence of all trace of the fœtus proves that it may undergo putrefaction, and become dissolved in the amniotic fluid. The influence of mental disturbance upon the mother must play an important part in the *pathogeny* of the fœtus. Placentar pregnancy has perhaps caused the condemnation of many an innocent girl for the crime of infanticide.—*Ibid.*

Amaurosis.—A child, of good constitution, 12 years old, had been afflicted with *hordeolum* on the left upper eye-lid, and at the same time, every thing presented to the eye of that side appeared of a green colour. No other remarkable symptoms occurred, beyond frequent pains in the head, which, however, were not very intense. By excluding the eyes for fifteen days from the action of the light, and making the patient wear green glasses, the functions of the eye were restored to their integrity. The same symptoms, however, soon recurred, followed by complete blindness. The patient complained of pain above and below the orbit. Leeching removed the pain, and blisters and purgatives restored the sight.—*M. Guersant. Gaz. des Hopitaux.*

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Experiments on the Torpedo.—M. Matteucci communicated to the French Acad. of Sciences, on the 20th Feb. last, the results of some new experiments on the torpedo, illustrative of the theory entertained by himself and M. de Blainville on the analogy between muscular contraction and electricity. He introduced a small quantity of the aqueous solution of opium into the stomach of the living torpedo; the tincture of nux vomica was likewise introduced into the stomach of another live torpedo. The two fishes, apparently dead, were soon afterwards removed from the water, and on their backs were placed two frogs (prepared in the way already described by the author), and the galvanometer. When the animal, or any part of it, was slightly touched, it contracted, and the torpedo furnished an electrical discharge, although before the experiment it required strong irritation to produce any effect.

The brain of a torpedo, much reduced in strength, was exposed, and an alkaline solution of potash applied on the fourth lobe. The torpedo died, giving forth very strong discharges.

The electrical organ was rapidly removed from a living torpedo, and prepared frogs were placed on the organ. On passing a knife into the organ, and dividing the smallest nervous filaments, the frogs leaped up, sometimes one, sometimes the other, according to the point of the electrical organ which was cut. I had never before (says the author) seen in so perfect a manner the localized action of nervous filaments, nor had I ever witnessed so clearly the curious action

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of the electrical lobe of the brain. I received six torpedos, which were brought to me in a state of apparent inanition; the most active irritants failed to produce a discharge, for the animals seemed to have been destroyed by the cold. I exposed the brain; and on irritating the fourth lobe I obtained very powerful discharges. I cut up the electrical organ of a live torpedo in all directions, and applied the galvanometer to different points; the direction of the electrical current was invariably from the points nearest the back, towards the lower part of the belly. It is impossible to admit any analogy between the organ, and piles, batteries, &c.—*L. & E. M. J. Med. Sc.* April 1843.

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Asphyxia from drowning relieved by warm ashes.—Dr. Mazier in a letter to Dr. Lucas, Championiere, relates the following curious observation. Some chickens had been accidentally drowned. Three hours afterwards, and when they had become stiff, they were observed by Dr. M.'s father, who having heard of a man who had been drowned having been revived by the application of warm ashes, determined to try it on these chickens. Accordingly he placed them on some cold ashes, covered them over with a layer of the same, so that their bills only were visible, and he then placed some hot ashes over the cold, so that the warmth should penetrate slowly. The whole of the chickens, 8 or 10, were resuscitated.

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Case of Mr. Brunel—half sovereign in the Trachea.—On the 3rd of April last, Mr. Brunel, while engaged soon after dinner in amusing some children, passed a half sovereign into his mouth, which slipped behind his tongue, and brought on a violent fit of coughing, so that he was nearly choked. This was followed by vomiting, when he threw up the contents of the stomach, and strained several times afterwards, but still did not return the coin. In the course of the evening he coughed at intervals, but not violently, and there was soreness of the throat for the next twenty-four hours. The two following days he scarcely experienced any inconvenience, so that he employed himself as usual, and had friends to dine with him. On the 6th he was again troubled with a cough; on the 7th he took a journey into the country, and was exposed to the north-east wind for two days and a night; the cough became more troublesome, he expectorated mucus tinged with blood, and experienced pain in the situation of the right bronchus. On the evening of the 9th he took two aperient pills, one of which he vomited, when he had a sensation in the chest, as if a loose body had shifted its situation. The cough continuing, Dr. Seth Thompson examined the chest with a stethoscope, and could not distinguish any abnormal sounds. The symptoms continuing, Dr. Thompson advised that Dr. Chambers and Sir B. C. Brodie should be consulted, and by them it was considered that the symptoms indicated the presence of the half sovereign in the right bronchus. Mr. B. placed himself on an inclined plane, and could feel the body moving, but a violent fit of coughing was induced, and he was obliged to desist. On the 21st a consultation was held between Dr. Chambers, Dr. Seth Thompson, Sir B. C. Brodie, Mr. Key, and Mr. Stanley, when no doubt was entertained of the presence of the coin in the trachea, although there could not be distinguished any difference in the respiration by the stethoscope. On the 25th Mr. B. was placed on a platform, made moveable by a hinge in the centre; so that when one part was elevated, the other could be depressed, and when brought to an angle of 90 degs. with the horizon, he was struck sharply on the back, opposite the right bronchus, by which a violent fit of coughing was caused, but the half sovereign was not ejected. This experiment was tried twice, but the cough caused by it was so oppressive, and the symptoms of suffocation so alarming, that it was deemed not prudent to proceed any further with it. On the 27th it was determined in consultation to make an opening between the thyroid cartilage and the trachea, with a double object; it might perhaps be possible to extract the coin through the aperture, or at all events it might serve as a safety-valve, when the experiment of placing the patient on the platform was again tried, to prevent the dangerous fit of coughing previously induced. The operation was accordingly performed by Sir B. C. Brodie, assisted by Mr. Aston Key, and the forceps introduced, with the hope of extracting the coin, but their use caused such a contraction of the diaphragm and abdominal muscles, and such a violent fit of coughing, that it was necessarily abandoned. The attempt how-

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ever was repeated on the second of May, but such violent convulsive action was again produced, and the danger appeared to be so great, as not to warrant any further proceeding. The next day a consultation was held with Mr. Lawrence, and Mr. Stanley, who concurred in the views previously taken, and it was decided that nothing further should be done until Mr. B. had recovered from the effects of the previous proceedings, and then again to place him on the inclined plane of the platform. The opening in the trachea meanwhile to be kept patent by proper means. On the 13th the patient was again put upon the platform, and struck upon the back with the hand; this induced cough, and he felt the coin quit the bronchus, and almost at the same instant strike against the teeth and be ejected: it was followed by a small quantity of blood. The patient went on well after this, without either cough, inconvenience or distress, and in a short time was so far recovered as to be able to go into the country.

—

On the signs of death.—Dr. Deschamps, of Melun, has presented to the French Academy of Medicine a memoir on the real sign of death. He draws the following conclusions, intended to guide public authorities in the precautions that should be taken against the danger of interring prematurely persons not really dead.

1. A greenish blue colour, extending uniformly over the skin of the belly, is the real and certain sign of death.

2. The period at which this sign appears varies much; but it takes place in about three days, under favourable circumstances of warmth and moisture.

3. Though discoloration of various kinds, and from various causes, may occur in other parts, the characteristic mark of death is to be found only in the belly.

4. Apparent death can no longer be confounded with real death; the belly never being coloured green or blue in any case of the former.

5. This colouring of the belly, which may be artificially hastened, entirely prevents the danger of premature interment.

6. There is no danger to public health from the keeping a body until the appearance of the characteristic sign of death.—*Lond. Med. Gaz.*, May 1843, from *Gaz. Med. de Paris*, Ap. 1.

Phosphorescence in the living body.—Mr. G. F. Collier relates in the *Lancet* (June 10, 1843) a curious example of this. It occurred in a man 43 years of age, of tall stature, robust, Herculean strength, and who was for some time annoyed with psoriasis of the palms. He is a gross feeder, extremely fond of the fat of meat, in the use of which he indulges very extensively.—For several days prior to his skin becoming phosphorescent he had been indulging in the use of grossly fat food to an extent exceeding his usual habit, and had been taking large quantities of lemon-juice, his own remedy for psoriasis. He is very temperate in the use of fermented liquors, and seldom takes spirits. He had been reading late, as he was wont to do, and on retiring he had clothed the head of a chair with his shirt instead of throwing it over the chair-back. On getting into bed he saw to his surprise a blaze or halo of phosphorescent flame, representing the headless trunk of a human body, at the foot of the bed, where he had disposed his apparel. His curiosity being excited he got out of bed, and approaching and handling the shirt, he was induced to examine his own skin. He found his arms and his chest in the same luminous state. When the phosphorescence faded on the linen friction restored it. The phenomenon continued for several days, and has since recurred under the same error of diet.

—

Changes in the London Hospitals.—Mr. Guthrie has resigned as Surgeon of the Westminster Hospital, and been succeeded by Mr. Hale Thompson. Mr. C. Guthrie has been appointed Assistant Surgeon.

Dr. Bright has resigned his office of Senior Physician to Guy's Hospital, and been succeeded by Mr. Addison. Dr. Barlow has been elected Third Physician, and Dr. Golding Bird and G. O. Rees Assistant Physicians.

Mr. McMurdo has succeeded Mr. Tyrrell as Surgeon to St. Thomas's Hospital.

Mr. Stanley has resigned his lectureship on Anatomy and Physiology in St. Bartholomew's Hospital, and Mr. Skey has been appointed Lecturer on Descriptive and Surgical Anatomy, and Mr. James Paget Lecturer on General and Morbid Anatomy and Physiology.

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THE

MEDICAL NEWS

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VOL. I. SEPTEMBER, 1843. No. 9.

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CLINICS.

PENNSYLVANIA HOSPITAL.

Cases admitted into the Surgical Wards of the Penna. Hospital since May 22d, 1843.

Abscess	1
Caries of Clavicle	1
" Ankle	1
Concussion	2
Contusion about Joints	8
" of Muscles	4
Calculus in Bladder	1
Coxalgia	1
Exostosis	1
Fractures, of Ossa Nasi	1
" Frontal Bone	1
" Ribs	3
" Scapula	1
" Clavicle	5
" Humerus	3
" Radius and Ulna	2
" Radius only	1
" Ulna only	1
" Bones of Head	1
" Spine	1
" Femur	5
" Tibia and Fibula	2
Fractures, of Tibia only	1
" Patella	1
Hæmorrhage	1
Hæmorrhoids	3
Injury from Blasting	1
Chronic Inflam. of Joints	1
Lupus	1
Lichen	1
Mentagra	1
Necrosis	1
Otorrhea	1
Phymosis	1
Prolapsus Ani	1
Sprain	2
Ulcer	10
Venereal Diseases	14
Paralysis from depression of Os Frontis	1
Wound Penetrating of Abdomen	1
" Contused of Scalp, &c.	6
" Lacerated	6
" Punctured	2
" Gun Shot	1
" Of Eye	2
Ophthalmia	4
Dislocation of Humerus, downwards	1
" of Radius, backwards	1
Total	113

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year payable in advance.

This number contains one sheet, and will pay newspaper postage.

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Cases discharged from the Surgical Wards of the Hospital, since May 22d.

Attending Surgeon, Dr. PEACE.

Caries of Clavicle	1
" of Bones of Foot	1
Cancer of Breast	1
Cataract	1
Calculus	2
Concussion of Brain	3
Contusion of Back	3
" of Joints	10
Dislocation of Humerus	1
Eczema	1
Fracture of Scapula	1
" Clavicle	6
" Humerus	1
" Radius and Ulna	1
" Radius only	4
" Tibia and Fibula	1
" Tibia only	1
" Spine	1
" Ribs	1
" Frontal Bone	1
Hæmorrhage	1
Hydrocele	1
Ophthalmia	4
Prolapsus Ani	1
Scrofula	1
Sprain of Ankle	2
Stricture of Urethra	1
Tumour	1
Ulcer	6
Venereal Diseases	9
Wound, Contusion of Scalp	6
" Lacerated	10
" Penetrating	1
" of Eye	2
" Gun Shot	1
Total	89
Number of Deaths since May 22,	2

Some of the cases which left the Hospital presented during their treatment some points of peculiar interest.

No. 1. One of the subjects of concussion of the brain, was a boy 11 years of age, who, while feeding a horse, near Gray's Ferry, was kicked by the animal upon the head. He was brought to the Hospital on the morning of June 19th, 3 hours after the reception of the injury. At his entrance he was only partially sensible; was entirely unable to articulate, but assisted in a sort of passive manner in the removal of his clothes. His pulse was about 60, feeble and irregular; respiration slow but not laboured; extremites moderately warm; pupils slightly dilated. He had suffered no hæmorrhage from the ears or the nose, but while he was being carried to the Hospital he had vomited two or three times a greenish fluid.

On examining the head, two small wounds, as if made by the corks of the horse's shoe, were found over the right parietal bone a little in advance of its centre, and a third, just behind the right ear. These wounds extended to the bone, but the latter did not appear to have been fractured. The tip of the right ear was likewise divided. On the left side of the frontal bone, but above the external angular process, the skin was scratched as if by sand or gravel, leading to the inference that the boy had, in falling upon the ground, struck upon this point. The left upper eyelid was considerably ecchymosed, and a slight effusion of blood had taken place in the conjunctiva of the right globe.

In this condition, the wounds having been dressed, iced water was immediately applied to his head, and hot applications made to the lower extremities. In the evening, reaction having become a little increased, about six ounces of blood were drawn from the back of the neck and temples, by cups—his bowels were actively operated upon by the compound infusion of senna, and his bladder was relieved by the catheter.

June 21. He appeared to be in nearly the same condition as at the previous date. He was capable of being aroused if spoken to in a very loud voice, and mumbled unintelligibly in reply. He swallowed his food, which was of the most unstimulating kind, without difficulty, passed his water freely, and changed his position in bed to suit his own convenience. The pupils were of equal size, sluggish, and but very slightly dilated. The capillary injection of the face was bright, and the circulation quickened; the carotids pulsating pretty strongly. The pulse continued to range from 58 to 68, still irregular, but of rather more volume and strength than before.

There was no observable paralysis.

℞. repeat the cupping—continue to apply the ice, &c.

On the evening of the 23d, he seemed to be a little more sensible, although still unable to express himself by words, and for the first time, it was manifest this evening, that the right arm was completely paralyzed, and the right leg partially so;—the tongue

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was likewise drawn to the right side, and the mouth in the opposite direction. There was no strabismus, and the pupils appeared to be of equal size.

The pulse was as before, and the other symptoms.

A blister was applied to the nucha—the ice was continued, with a farinaceous diet, and he was directed to take, every 3d hour, ½g. calomel, with ½gr. ipecac., with the view of producing slight ptyalism. The same purgative remedy was continued.

From this time he slowly improved: his intellect day by day recovered itself; the faculty of speech gradually returned, and the paralysis, first leaving the leg, at length disappeared completely.

He was discharged on the 15th July, to all appearances perfectly well.

No. 2. Peter Coffee, aged 33, was admitted, August 4th, as suffering from fracture of the spine. He stated that while he was at work in a coal-mine, the party of which he was one was ran upon by a car passing very rapidly down an inclined plane. One of the number was instantly killed, and he himself received the injury for which he was admitted into the Hospital. The accident occurred last April; since then his lower extremities have been entirely paralyzed, and he has been bed-ridden, his urine has passed from him involuntarily, and he has been obstinately costive.

On examining his spine, I observed an angular prominence of the spinous processes of the 7th and 8th dorsal vertebræ, pressure upon which caused him some uneasiness. Below this part the skin was entirely insensible to impressions, but above it was not so; sensibility and voluntary motion appeared unimpaired. The back was covered with sloughs, and the calves of the legs, and heels; in fact, wherever pressure had been made the integuments had given away—this must have been owing in a great measure to the injury inflicted upon the spine, whereby the vitality of the tissues was reduced. His abdomen was exceedingly tympanitic, and his general health and condition low in the extreme. He lived but two days after he entered the Hospital. We were unable to procure a post-mostem examination.

F. W. SARGENT,
Resident Surgeon.

August 20, 1843.

—

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

—

Animal Magnetism.—[This delusion is very happily hit off by M. Louis Huart, in the following chapter from his "*Physiologie du Médecin.*" We give it in the original, as it is impossible to retain its spirit in a translation.]

Certaines modes s'établissent, puis redisparaissent, et tojours ainsi de suite jusqu'à la fin des siècles et des modes. Il est de la médecine comme de toutes les autres choses ici-bas.

On ne fait de nouveau qu'avec du vieux, et il faut que ce soit bien vrai, puisque déjà cela était admis en principe et même en proverbe du temps de Salomon, le célèbre rival de Sancho Pança:—car vous n'êtes pas sans vous rappeler que ce monarque, plus spirituel que ne l'ordonnait sa profession, avait dit en propres termes:—*Il n'y a rien de nouveau sous le soleil.* Sauf, bien entendu, qu'il ne tient pas ce propos en français,—je l'ai traduit de l'hébreu pour votre commodité—et la mienne.

Mais laissons là Salomon, et revenons aux médecins magnétiseurs de notre époque: —cependant je voulais vous faire observer que probablement la magnétisme était connu lui-même du temps de l'amant de la reine de Saba; des gens qui avaient déjà inventé les proverbes, les logogriphes et les charades, devaient aussi connaître cet autre divertissement de société.

Le magnétisme obtint le plus grand succès vers l'an 1775.—Mesmer et Cagliostro se partagèrent l'attention de la fin du dix-huitième siècle; mais ces charlatans tombèrent dans l'oubli lorsque le peuple s'amusa lui-même à faire disparaître un trône comme une muscade.

Voici que depuis quelque temps, toujours d'après la loi du *renouveau*, la science de Mesmer a de nouveaux adeptes parmi les médecins, et les passes et contre-passes recommencent à jouer leur rôle aux yeux du bon publie, qui, au lieu d'y voir du fluide, n'y voit que du feu.

Seulement les magnétiseurs de nos jours se sont dépouillés de tout cet appareil fantastique et fantasmagorique, qui du reste fit en grande partie le succès de Mesmer.

Nos habitudes actuelles étant fort simples, les médecins magnétiseurs ne veulent que beaucoup de simplicité,—surtout dans leurs malades.

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Maintenant vous direz peut-être:—Monsieur, que guérit-on par le magnétisme?

— Toutes les maladies, monsieur, pourvu qu'on y ait foi.

— Aux maladies!

— Non, au magnétisme, ce qui est bien different. Vous n'ignorez pas que c'est au moyen du somnambulisme que s'opèrent toutes les merveilles en question.—La science est comme la fortune, elle vient en dormant.

Eveillé, vous n'êtes qu'un ignare, incapable de distinguer un rhume de cerveau d'une fluxion de poitrine,—et à peine endormi vous raisonnez fièvre cérébral comme Hippocrate ne l'aurait jamais fait dans sa vie.—Heureusement pour lui.

Après cela il est fort difficile de trouver un sujet qui s'endorme du sommeil magnétique,—les docteurs parviennent à endormir beaucoup de personnes de leur auditoire, mais ce n'est pas magnétique, et par conséquent il n'y a rien de fait.

Aussi, chaque médecin-magnétiseur a-t-il son somnambule ou plutôt *sa* somnambule attitrée, qui n'a pour unique profession que de parler médecine en dormant.—Je ne sais si l'on a choisi pour *sujets* les femmes parce qu'elles parlent toujours volontiers, même en dormant, ou parce que l'on trouve facilement, au prix de deux cent cinquante francs par an, des *bonnes pour tout faire*,—et qui par conséquent font aussi parfaitement les somnambules.

Après cela, cependant, il en est des somnambules comme des animaux savants; il vaut mieux les prendre très-jeunes et les dresser à ça, suivant la théorie de *Lagingeole*, qui nous a très-bien révélé que pour avoir un ours parfaitement instruit, il suffisait de lui donner de l'éducation.

Voici comment se donne un consultation *medico-somnambulo-charlatano-magnétique*.

Vous allez chez le docteur auquel vous avez résolu de donner toute votre confiance et dix francs.—La bonne pour tout faire vient vous ouvrir la porte.—Vous annoncez l'objet de votre visite, et la bonne pour tout faire vous fait passer dans le cabinet du docteur.

Après quelques minutes d'entretien, que fait le docteur?—Il sonne à son tour,—et la même personne pour tout faire vient dans le cabinet et se place dans le grand fauteuil où se passe invariablement la même scène de comédie, non, je veux dire de haute médecine.

Après une douzaine de passes, la somnambule ferme l'œil, s'endort, et ronfle comme une contrebasse.—C'est l'instant! —c'est le moment.

Le Docteur (*à la dame qui a les yeux fermé.*)—Voyez-vous monsieur!

La Dame.—Oui, je le vois.

Le Docteur.—Comment le trouvez-vous?

La Dame.—Bien laid.

Le Docteur.—Non, ce n'est pas cela que je vous demande....Je vous parle de sa santé.

La Dame.—Ah!....il est malade....

Le Docteur.—Où est le siége du mal?

La Dame (*murmurant entre ses dents*).—Eu... eu... eu... eu...

Le Docteur.—Vous dites?...

La Dame (*même jeu*).—Eu... eu... eu... eu...

Le Docteur.—Elle dit que vous avez mal à l'estomac.

Le Monsieur.—Pardon, monsieur... mais c'est dans l'épaule droite que je croyais souffrir.

Le Docteur.—Voilà où était votre erreur... C'est l'estomac qui, chez vous, est malade... fort malade même!... (*A la somnambule.*) Quel remède doit-on faire prendre à monsieur?

La Dame.—Je ne sais pas...

Le Docteur.—Voici qui vous prouve combien le magnétisme est exempt de charlatanisme... Madame ne connaît pas un seul terme de pharmacie... Quand elle dit *je ne sais pas*, cela veut dire qu'elle ne sait pas la dénomination que les conventions pharmaceutiques ont donnée à ce remède... Et cependant elle connaît parfaitement ce remède lui-même... Elle va nous l'indiquer d'une autre manière—Comment est ce remède?

La Dame.—Brun.

Le Docteur.—Où est-il situé?

La Dame.—Dans une petite bouteille placée sur la deuxième planche de votre armoire... Je le vois d'ici... Monsieur devra en prendre trois cuillerées matin et soir... pendant trois ans... pour commencer.

Le Docteur.—C'est admirable... C'est bien effectivement le remède qui convient à votre genre de maladie!

Le Monsieur.—Vous croyez?

Le Docteur.—Comment, monsieur!... mais j'en suis sûr... et je vois avec peine que vous n'avez pas l'air d'avoir une confiance entière dans le magnétisme... et pourtant il n'y a pas de guérison possible sans cela... bien plus même... si du jour où je vous dis: *Vous êtes guéri*, vous ne

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vous croyez pas guéri... eh bien! j'en suis fâché pour vous, mais vous ne serez pas guéri!

Le Monsieur.—Diable... diable!

Le Docteur.—Mais, pour peu que vous doutiez des admirables phénomènes produits par le sommeil magnétique, je puis vous faire assister à une expérience concluante... je vais faire lire madame par l'épigastre... tenez, je lui applique mon journal sur le creux de l'estomac... Que lisez-vous?

La Dame.—Le *Constitutionnel.*

Le Docteur.—Vous le voyez, c'est admirable... le sens de la vue s'est déplacé... madame vient de lire par l'épigastre... et pour que rien ne manque au prodige... tenez, il se trouve que j'avais mis le journal à l'envers...

La Dame.—J'ai soif...

Le Docteur (*faisant un verre d'eau sucrée*).—Je vais la désaltérer... (*Il boi le verre d'eau sucrée.*) Car par suite du courant magnétique établi entre nous... nous sommes assimilés l'un à l'autre... ce que je bois la désaltère parfaitement.

La Dame.—Je boirais encore bien quelque chose.

Le Docteur.—Non, ma bonne... c'est assez pour le moment... ça pourrait vous faire du mal.

Le Monsieur.—C'est admirable.

Le Docteur.—Monsieur, quand vous désirerez une seconde consultation, je suis à votre disposition... si vous n'êtes pas à Paris, envoyez-moi tout simplement une mèche de vos cheveux... cela suffira pour vous mettre en communication avec ma somnambule.

Le Monsieur.—C'est que je porte perruque...

Le Docteur.—En ce cas, monsieur, un léger fragment de votre perruque... cela reviendra absolument au même, je vous prie.

Le Monsieur.—Au plaisir, monsieur.

Le Docteur.—A l'avantage, monsieur.

THE WATER CURE.

A HYDROPATHETIC BALLAD.

To Malvern Well came Mary Bell,
To nurse poor Peter Head;
For he was lying sick and sore,
All in his watery bed.
"O, Peter dear! O, Peter dear!
How could they serve you so?
To wrap you in a cold damp sheet,
All chill'd from top to toe?"

"Oh! do not fear for me," he said,
"For, like the ocean's tide,
Full five-and-thirty tumblers now
Are washing my inside.
Then cease to weep, dear Mary Bell,
Nor shed another tear;
And cease to *whine;* I'm not allow'd
To touch it while I'm here."

Then from his head the cap she took,
Which they'd put on the spout;
And, with her pretty little hand,
She wrung the water out.
And, gazing on his pallid brow,
She by his couch did stand;
And, having wrung the cap quite dry,
She wrung—her lily hand.

Had any other watery death
Than this befallen you;
O! had you fought with *Well*ington,
And died at *Water*loo,
You'd moulder then in honour's grave;
But now, O, Peter Head!
You lie on this damp couch, I trow,
Quite mouldy ere you're dead."

"Oh! do not say that doctor's stuff
Could cure my woesome ills;
Or think that ever health is found
In potions or in pills.
No noisome draught could bring relief,
No drug my fever quell;
Health, rosy maid, like Truth, is found
In the bottom of a well."

"O, Peter dear! fine water'd silks
I've often seen, 'tis true;
Of watery setting suns I've heard,
And watery sachet too.
If with a watery lover I
Must make myself content,
I'll to the Coldstreams go, and choose
One from that regiment."

"Dear Mary Bell, no words can tell
How sorely I'm amaz'd;
And can you a wet blanket throw
Upon the hopes you've raised?
For, were I pump'd upon all day,
And drench'd with water too,
It never would put out the flame
That burns so bright for you."

"If you get well, O, Peter Head,
Go seek a maid more bold:

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I fear you'd be so very damp,
You'd always give me cold.
A widow, too, I soon should be;
For one who does such deeds
As almost drinking rivers dry,
Would leave me in the weeds."

Then down he hung his dripping head—
He closed his watery eye;
And, wrapping close his cold damp sheet,
He turned him round to die.—
"Farewell," he sead; "when Peter Head
Is gone, you'll know his merits!"
And so he left this watery world,
For another world of spirits.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Black Tongue.—Dr. E. H. Bennett, of New Madrid, Missouri, gives the following account of this epidemic.

It appeared first in his neighbourhood, he states, at Point Pleasant, eight miles south of New Madrid, early in the winter of 1842-3, "and prevailed with uncommon mortality during the cold season, comes on with a feeling of lassitude, loss of appetite, slow fever, thirst, fulness of head, sneezing, cough, and an acrid watery discharge from the nose and eyes. These symptoms constitute the stage of access, and in violent cases are succeeded in from five to ten hours by a severe chill, and excruciating pains sometimes in the forehead, and again in the eyes, which occasionally in a few hours swell, close, and grow black, as if bruised by a blow. In other cases the pain is felt in the end of the nose, or in the side of the head, in the neck, the shoulder, the elbow joint, the wrist, or some of the fingers. Often the seat of pain is the breast, side, or abdomen, in the region of the liver, heart, stomach, or kidneys, and in other instances the pain is most intense in the lower extremities. The chill in many cases of the epidemic persisted until the patient sunk under the attack; but generally after a cold stage of from nine to twelve hours a partial reaction took place, with dryness of the mouth, parched tongue, a dark stripe in the middle, and white edges. In some of the cases the tongue was natural, in others too pale, and in these the secretions were natural.—Some complained of a sense of burning in the stomach, and of inextinguishable thirst. The throat, in some instances, was the principal seat of the disease, swelling to such an extent as to render deglutition almost impracticable, and greatly embarrass respiration, the face becoming livid and *œdematous*, the pulse feeble and tremulous, extremities cold, perspiration limited to the face, and cold.

"In twenty-four or thirty hours, in most cases, the swelling of the throat subsided, and the breathing and swallowing became free. The pain was then trasferred to the region of the heart, extending down both sides to the region of the kidneys, exciting a continual desire of micturition. These symptoms were succeeded by others of greater violence—as cold extremities, incessant tossing, wild countenance, and death, in from ten to twenty-four hours. During the month of January, of this character I had five cases, of which four had a fatal termination. It was this aspect of the endemic which excited the fears of our citizens, that the disease was that which had been reported as prevailing with great mortality in New York, and was called the "*black tongue.*" The tongue becoming deeply engorged by the tumefaction in the throat, coated with a dark brown fur, and protruded, as it occasionally was, beyond the teeth, presented a feature well calculated to give that name to the disease. It was not the usual progress of the complaint, but in some cases a decided reaction succeeded to the symptoms of depression, requiring an active depletory treatment. In far the greater proportion of cases, the type was decidedly typhoid, and that treatment which I found most successful was a combination of the anodyne and stimulant, topical rubefacients having been used extensively, and with marked advantage. As the weather began to grow warmer the disease put on rather more of an inflammatory type, but an active cathartic rarely failed, even then, to convert the case into one of a typhoid character, in which collapse not unfrequently appeared in a few hours, to the destruction of the patient."—*West. Jour.* August, 1843.

Justice.—One Caleb Rice, a Thomsonian, has been sentenced after a trial of two days, to 30 days imprisonment and a fine of $250, for causing the death of a Mrs. Keath-

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ly, of St. Charles county, Missouri.—*Boston Med. & Surg. Journ.*

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Gluteal Aneurism.—It is stated in the *New York Journal of Medicine*, that Prof. Mott has been prevented furnishing a report of a case of gluteal aneurism, in which he tied the internal iliac artery, Dec. 29th, 1834, for the first No. of that Journal, in consequence of having mislaid his papers, and that it will be furnished as soon as these are found. The Professor's researches after his papers will be facilitated by a reference to the No. of the *American Journal of the Medical Sciences* for May 1837, where he will find those papers published, they having been, as it there appears, sent to the editor of that Journal for the purpose.

—

Medical College of Georgia.—The class during the last session numbered 128, of whom 38 received the degree of M. D.

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Kemper College, St. Louis.—The catalogue of this Institution embraces the names of 75 students. The number of graduates for the session of 1842–3 was 19.

FOREIGN INTELLIGENCE.

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Balance of prevalence between Phthisis and Intermittent Fever.—France has three *bagnes*, or prisons for convicts, at Brest, Rochefort, and Toulon. Brest has a cold and damp climate, Toulon one warm and damp, and Rochefort a climate intermediate between the others, but this town is subject to marshy miasmata. Diseases of the respiratory organs are, among the convicts at Brest, one-half of the whole diseases occurring; at Rochefort they amount to 42 per cent.; and at Toulon to 39 per cent. The relative prevalence of phthisis does not follow in precisely the same order; at Brest consumptive cases are as 1 in 20, and at Toulon as 1 in 22, but at Rochefort they are not more than 1 in 35. This last town, in return, suffers most from intermittent fevers, which, as compared with the total cases of disease, occur among the convicts in the proportion of 1 in 3½ cases. This result corresponds with what has been observed as a general rule on some of the shores of the Mediterranean, viz., that the prevalence of phthisis and of intermittent fevers are in inverse ratio to each other.—*Lancet*, 29th July, 1843, from *Gaz. des Hôpitaux.*

How to make leeches bite.—A German Journal recommends the following method, which is said rarely to fail:—Place the leeches in a saucer containing fresh beer, and leave them there until they become quite lively. Then take them out and quickly apply them.

—

Cure of Ovarian Dropsy.—Dr. J. C. F. Ollenroth has effected a cure of ovarian dropsy by a method proposed many years ago by A. F. Richter. This method is the following. The fluid is first removed by paracentesis in the usual manner; from this operation the adhesion of the sac to the peritoneum at the point of puncture, results. Before the sac becomes again fully distended, the trochar with the tube, is to be inserted at the seat of the first puncture, and a part only, about two-fifths of the fluid, evacuated, the tube closed with a stopper, and made fast by means of an abdominal bandage, and a measured pressure upon the abdomen and the tumour be effected. We must now, in one or two sittings, daily draw out the always new quantity of water; during this, the tube must continually remain in, only opening the stopper. In this tube lies a second, provided with closed ends. The tumour decreases by degrees, the sac contracts, and at length its walls adhere together In the meantime the fluid let out will become more sparing, thicker, more purulent, afterwards pus, until from the tube, and with it from the enlarged puncture wound, a little fetid and ill-coloured moisture trickles out. At length the tube itself will be thrust out, the wound closes itself with good granulations, and the disease is cured.

In the case in which this method of cure was used, the tube remained twenty-seven days in the wound. In a second case, where the author used this treatment in ascites, it remained in twenty-three days. This last case gave no certain results, for the patient died, and dissection was refused.—*Medicinische Zeitung*, March 8th.

—

Instances of great Longevity.—M. Lejoncourt, a French author, announces, that, during the last century, in England, 49 persons have died between the ages of 130 and 180 years; seven of these persons were 134, four 138, two 146, four 155, one 159, one 160, one 168, one 169, and one 175. In Russia, in 1814, the official cen-

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sus reported seven persons living, each upwards of 125 years, and one upwards of 160 years old. Of 1238 centenarians deceased in that empire, 125 died above 120 years, a hundred and eleven between 121 and 125, three between 126 and 130, five between 131 and 140, one at 145, three between 150 and 155, one at 160, and one at 165 years of age. Instances of longevity in France are not so numerous, but curious particulars respecting some of these are given by M. Lejoncourt. In 1710, Jean Mazard, a peasant of Berry, died aged 110. *He had been married ten times*, his latest union having been in his 100th year, with a girl of 18, who, two years afterwards, made him a father. In 1712, a man at Chateau Vilain, died aged 114 years, who had had three wives and thirty children; and in the same year died an officer aged 115, leaving seventeen sons, the eldest of whom was seventy-four, and the youngest twelve years old! Proximity to medicinal substances would not seem to exert any very deleterious agency on the powers of the frame, since we are told of an apothecary who died at Chateaubriand in 1718, aged 107, who, having been twice married, had had sixteen children by each of his wives. He was in his 103d year, when his second wife was delivered of healthy male twins, who themselves lived to be about ninety-five years of age. But neither do drugs seem absolutely necessary to preserve life, since we are also told of a man who died near Tulle, in 1757, aged 115½ years, and who, during his prolonged life, had never had any other illness than that which finally carried him off.—*Lancet*, July 1, 1843.

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Necrology.—Samuel Hahnemann, the founder of the delusion termed Homœopathy, died at Paris on the 9th of July last, in the 88th year of his age.

Candour compels us to allow, that Samuel Hahnemann was a very great personage,—according to the estimate of his disciples,—quite as great as his illustrious rival, the celebrated American *Medical Reformer* Samuel Thompson, measured by a similar standard. Which is the greater of the two is too delicate a question for us to venture a decision.

Like Solomon, of Balm of Gilead celebrity, and Morrison, and St. John Long, and Villars, and count Cagliostro, and Dr. Bossy, and Mrs. Mapp, and the Panacea man, and an innumerable host of others of the same stamp, Samuel Hahnemann has had his day. In the number of his dupes, and the amount of money which he extorted from their credulity, Samuel Hahnemann was probably equal to most of his rivals whose names we have mentioned; and his fame will doubtless descend with theirs to posterity.

Human credulity is boundless and inexhaustible. Often as mankind have been duped by schemers, they are still ready—nay anxious to be again gulled—and there is no absurdity too gross, not to find many to give it credence. Hahnemann consequently will not be the last of his race. Indeed, a successor has already arisen. A Silesian Boor, who can neither read nor write, already enjoys a notoriety equal to—nay greater than—that of Hahnemann in his palmiest day. The worn out voluptuaries of Europe—Royal Princes, Noblemen, Bishops, London Aldermen, &c. &c., are now rushing in crowds to Graefenburg, to be pumped on, to swill cold water, and to lie in wet sheets, and a late visitor states that this spot "is now the hospital for incurables of the entire world." "I met there," he adds, "patients from St. Petersburg, Moscow, Paris, London, Philadelphia, Astracan, Constantinople, Vienna, Berlin, Warsaw, and various parts of Germany, Hungary, and Italy."

Hahnemann is scarcely laid in his tomb, and already is Priessnitz the worshipped idol of the patrons and patronesses of quacks and quackery.

—

—— Another great light of mysticism has become extinct in Mad'lle. Le Normand, who died in Paris, within about a week of the death of Hahnemann. Chiromancy and homœopathy have each lost their great apostle. Mad'lle. Le Normand had read the characters and fate of Robespierre, Danton, Napoleon, Josephine, Fouché, &c., with great precision; but was not so successful with respect to her own. She had predicted that she should live to be 100; but, like Paracelsus, she far undershot her mark: she died at 72, which, for a sorceress, is in the prime of life.—*Lancet.*

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TO CORRESPONDENTS.

No. 3 of Medical Service in the Navy is in type, but was crowded out of this No. It will appear in our next.

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THE

MEDICAL NEWS

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VOL. I. OCTOBER, 1843. No. 10

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MEDICAL EDUCATION AND INSTITUTIONS.

Medical Service in the Navy, No. III.

We regret to state, that it is not quite as easy to obtain the commission of assistant surgeon in the navy as to obtain a diploma from any of our medical schools. It would seem that the standard for the doctorate is to measure how little professional knowledge will warrant the "Faculties" in their approval of the candidates examined by them, keeping altogether out of view how much information is absolutely requisite to make a safe and efficient practitioner of medicine and surgery. This has arisen from a rivalry or competition of the schools, based on the false notion that the best institution is that which graduates the greatest proportional number of its candidates; but there seems to be no pride in turning out the best instructed young men; the competition is for number and not quality. This evil, and it is certainly a great evil for society, has grown up with the increased number of medical schools, and from the adoption of an erroneous opinion, promulgated by a great professor some forty years ago, that a knowledge of Latin and Greek was unnecessary to become a physician or surgeon, and since the time alluded to, the standard set forth by one of our oldest institutions requires the candidate to have attended two full courses of lectures, to have studied medicine during three years under the direction of some respectable practitioner, to present a thesis *legibly written and free from errors in orthography*. We will leave it to the decision of any competent judge, whether this does not show that, in the opinion of the faculty, a very moderate elementary education only is necessary for a physician. It reminds us of a provision in one of the early political constitutions of Peru, which declared that no citizen should be a member of the House of Representatives unless he could *read and write*. There should be some test that individuals who aspire to be doctors possess a sufficient preliminary education before they are admitted to attend lectures, or enter upon the study of medicine. They should possess a sound English education, and at least a smattering of Greek and Latin; and we are not aware that a collegiate course has ever been in the way of acquiring professional knowledge, and, if it were required, it would have a tendency to elevate rather than lower the standing of

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year payable in advance.

This number contains one sheet, and will pay newspaper postage.

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medical men in the eyes of the community. Besides, we believe, a classical scholar, *cæteris paribus*, is better fitted to receive information, to estimate the value of testimony, in short, to reason upon medical facts and doctrines, than one who is barely able to read and write his own language grammatically. If all the schools required their candidates to be classical scholars, the number of graduated and advertising quacks would be very much diminished, even if the whole of them were not removed from among us. But we despair of reform in this matter until the legislature understands the subject, and the true interests of the republic in regard to it. The State endeavours to protect the citizens in their property from theft, and in their lives from assassination; and is it not also a part of the duty of the State to watch over the public health, and not abandon its citizens to the ignorance and caprice of charlatans the moment they fall sick? By paying his tax to the government, the citizen has a right to be protected equally against the assassin as against him who murders through ignorance or permits him to die through negligence. How long must health and life continue to be estimated by dollars and cents, through the cupidity of chartered medical institutions, whose great aim is profit for their professors?

To obtain the commission of an assistant surgeon in the navy, the candidate makes application to the Secretary of the Navy, and at the same time forwards respectable testimonials that he "possesses the *moral* and *physical* qualifications requisite for filling *creditably* the responsible station, and for performing *ably* the arduous and active duties which will be required of him." The applicants must be over twenty-one, and *not over* twenty-eight years of age, and they must be citizens of the United States; whether it would not be sound policy to require them to be *natives* of the country, seeing that they are employed in a military capacity, is a question for legislators to decide.

The law provides that "no person shall receive the appointment of assistant surgeon in the navy of the United States, unless he shall have been examined and approved by a board of naval surgeons, who shall be designated for that purpose by the Secretary of the Navy."

Boards of Examination are convened only at times to suit the convenience and meet the wants of the navy; there is a board assembled perhaps as often as once every year. The Boards consist of five experienced surgeons of the navy, chosen for this duty, on account of their peculiar fitness, by the Department. The Secretary of the navy selects from the applicants the number of individuals to be examined. To the persons thus selected, "permissions" are given to present themselves to the Board of Examination, stating the time and place of its meeting.

By the instruction of the Navy Department, "the Board rigidly scrutinizes the pretensions of each candidate, taking into consideration his physical qualifications and moral habits, as well as his professional acquirements and general knowledge; and reports favourably upon no case admitting of a reasonable doubt, *as the health and lives of the officers, seamen, and marines, are objects too important to be committed to ignorant or incompetent hands.* The Board reports the relative merit of the candidates, as shown by the examination; and those of whose qualifications the Board is satisfied, are appointed assistant surgeons as their services are required"*—(of course those at the head of the list are first commissioned.)

"Candidates of whom the Board makes an unfavourable report, are allowed a second examination, at a future session, if they desire it, when, if they again fail, their names are dropped from the list of applicants."*

"No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment."*

The responsibilities of every member of a Board of Examination, acting under such instructions, are not of a trifling nature. The interests of the government, of the navy, must be weighed in opposition to the interests, the reputation, and feelings of the candidate, who usually requires the kindest and most gentle sympathies to be extended towards him on this exciting occasion, unless he has the assurance arising from knowledge. Yet, at times the most ignorant are bravest, and are the least disturbed by being what is technically termed "stumped;" while the best instructed are tremulous and uncertain through fear of failure. The Board must often consider the extended influence rejection may exercise over the character of a young man—whether it will

* Official Circular from the Navy Department.

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show him that he had over-estimated his own acquisitions, and teach him that although his talents and capacity are undoubtedly all his teachers and friends declared them to be, in their letters to the Board, still he has neglected his opportunities simply because it had never occurred to him, the richest soil will produce no harvest without sowing and cultivation:—or, will he break down, through mortification and wounded pride, and disappointment of love of approbation—and exert himself no more? "It is dreadful, sir, to be a rejected candidate:—indeed, I know it has been the death of several fine young men—and, sir, I feel I have not satisfied the Board:"—we heard a gentleman say this, several years ago, who had but too truly anticipated the result of his examination. The person to whom the above remark was addressed replied, that although it must be mortifying to fail in this, or in any other important enterprise, he did not think that rejection by the Navy Board was a biding disgrace or stain, to follow a man through life; that it was very much as each one regarded the matter, for the failure was known only to themselves, and a limited number of their friends, and it ought to be rather a salutary correction of erroneous self-estimation, and lead to closer and more diligent study, instead of leading them to despair and die. We heard of a gentleman who declared that a rejection at his first examination was the most fortunate circumstance that had ever occurred to him, because he, in this way, was convinced, that while he fancied himself intimately acquainted with his profession, in reality he knew nothing. The gentleman alluded to, is now a distinguished and much beloved practitioner. A candidate told us once, that he never imagined there was any thing in surgery to learn until he was examined by the Navy Board, adding that he was fully satisfied, prior to examination, that he was sufficiently well instructed to be an assistant surgeon, but before it was half over he was firmly convinced that he required a good deal more knowledge. Yet this gentleman had been two years in practice. Whether successful or otherwise, few men ever forget an examination for a commission or a diploma; and were it not for the duty which examiners feel they owe to their fellow citizens, benevolence and sympathy for their anxious situation, would make all candidates successful, whether in the "Green Box," or before the Boards of the navy or army.

But leniency and facility towards candidates at examination, would be injustice, nay, treachery, to every man in the naval service. This examination is in a measure a guarantee to officers and men that the physicians appointed by the government to take care of them when sick or wounded are competent to the charge; and it must ever be a consolation to relatives at home to feel satisfied, so long as the Board unflinchingly performs its duty, that no member of the ship's company in an American man-of-war will suffer through the incapacity of his medical attendant. The government thinks the health and lives of officers and men too important, to be entrusted to ignorant and incompetent hands; and it is the object of the examination to exclude from the service, all to whom the epithets ignorant or incompetent can be justly applied, always keeping in view a high standard for knowledge and capacity.

That there may be as little of luck in the ordeal, the examination is frequently continued through several days, and particularly if the candidate seems to suffer from embarrassment. By this plan the whole ground may be gone over in a general way, and the strong as well as the weak points of the candidate be discovered, so that being passed or rejected by mere chance, as might happen when only from twenty to forty minutes are occupied for the purpose, is almost precluded. To test his knowledge of forming mixtures, he is required to write prescriptions; and to discover what manual dexterity he may possess, the candidate is required to apply bandages and dressings for fractures &c. to a manikin, or casts provided for the purpose. To show the habit of his mind, his readiness in bringing his information to bear upon any familiar subject, and also as a pretty sure test of elementary education, he is required to write a thesis, the subject of which is assigned by the Board, and always in reference to something growing out of the examination, or on some strictly practical subject. For this purpose the candidate is given a single sheet of paper, and his thesis is written in an adjoining apartment, and must be, as it were, an impromptu production.

Usually, each member of the Board is responsible for one or more branches under examination, but he is not confined in his

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questions to them; because he has to give his vote as to whether the candidate is *qualified, in all respects*, to discharge the duties of an assistant surgeon in the navy, and not as to whether he is, or is not, *acquainted with a particular branch* of medical science. The result is decided by ballot, and a majority either rejects or passes the candidate. In its decisions the Board is uninfluenced by political bias, or by considering of what school the candidate is a graduate, or whether he has graduated at all: provided he possess the requisite qualifications, it matters very little where or by what means he has obtained his knowledge. When the successful candidates are compared, for the purpose of assigning them relative positions on the list, besides the extent and general correctness of their professional knowledge, their age, natural capacity, general information, and knowledge of natural history, are taken into the account. The object of the examination, in a word, is to ascertain whether he is likely to be an efficient practitioner of medicine and surgery; and although the examiners may travel in their examinations a little beyond what is purely practical, candidates are not rejected for want of knowledge of natural history, or of what has been vulgarly termed "the refinements of the profession."

Heretofore the examination has been conducted in presence of the Board only; and perhaps it is better than if it were public, both for the candidate and the government. In case of failure, the candidate's name remains unknown, his weak points are not exposed to public consideration; and the consequences of a public examination would be so serious in the event of rejection, that very few could be induced to run the risk of such a trial for the advantages to be gained by success. The only objection to the present mode is a questionable one; namely, that injustice may be done to a candidate through the prejudice of one or more members of a Board.

Having passed this ordeal, the candidate in the course of time, receives from the President of the United States, "by and with the advice and consent of the Senate," a commission as Assistant Surgeon in the navy. Of the worth of this commission we shall speak in our next.

—

Travels in search of Medical Honours—The following advertisement, copied from the cover of the *Lancet*, affords a curious example of the shifts to which needy medicals in England are obliged to resort, and, at the same time, opens our eyes to the misrepresentations of book-making tourists respecting the discipline of the German schools and institutions:—

"Graduation in Person.—The advertis r who has just returned from a *successful tour*, with similar objects, will accompany any gentleman desirous of taking a degree in person, to *any* continental university, undertaking to prepare him for the examination, and to *guarantee his success*. The route recommended includes the most interesting towns in Belgium, and the best part of the Rhine. Total expense, 50 guineas. Absence from London, sixteen days."

The same successful tourist informs "gentlemen properly qualified," that they may, through his assistance, obtain the degree of M. D. from a *celebrated* continental university, without absence from practice, for £36. We begin to entertain the hope that when matters come to the worst they must mend, and that these evils are working their own cure, by the exposure to public gaze of their enormities. Germany and quackery are every day becoming synonymous, and people begin to suspect that medical men, as well as others, take to "going up the Rhine" to escape the exercise of what is called in the vulgar tongue, "going up the spout."—*Dublin Med. Press.*

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

—

Mrs. Mapp.—In our notice of the death of Hahnemann, in our last number, we enumerated among those who had been nearly equally successful with this recently deceased apostle, in deluding the public and in acquiring immense notoriety and popularity—the celebrated Mrs. Mapp, and some of our readers may wish to know who she was.

Mrs. Mapp, the bone-setter of Epsom, was the daughter of a man named Wallis, a quack at Hindon, in Wiltshire, and sister to the celebrated "Polly Peachum," who married the Duke of Bolton. Upon some family quarrel, Sally Wallis left her professional parent, and wandered up and down the country in a miserable condition, calling

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herself "Crazy Sally," and pursuing in her perambulations a course which fairly justified the title.

Arriving at last at Epsom, she succeeded in humbugging the worthy bumpkins of that place, so decidedly, that a subscription was set on foot to keep her among them; but her fame extended to the metropolis, the dupes of London, a numerous class then as well as now, thought it no trouble to go ten miles to see the conjuror, till at length, she was pleased to bless the afflicted London with her presence, and once a week drove to the Grecian Coffee-house in a coach and six with out-riders! It was in one of these journeys, passing through Kent-street, in the Borough, that being taken for a certain woman of quality from the Electorate in Germany, a great mob followed, and bestowed on her many bitter reproaches, till madame, perceiving some mistake, looked out of the window, and accosted them in this gentle manner, "D—— your bloods, don't you know me? I am Mrs. Mapp, the *bone-setter!*" upon which announcement the crowd rent the air with loud huzzas.

That she was likely to express herself in these terms, seems very natural from her origin and history, but that she should be on visiting terms with decent people, and associate with persons of quality, is indeed extraordinary. Mr. Pott, who wrote with the pen of a master, has noticed this in no very gracious terms: "We all remember," says he, "that even the absurdities and impracticabilitiy of her own promises and engagements, were by no means equal to the expectations and credulity of those who ran after her; that is, of all ranks and degrees of people, from the lowest labourer or mechanic, up to those of the most exalted rank and station; several of whom not only did not hesitate to believe implicitly the most extravagant assertions of an ignorant, illiberal, drunken, female savage, but even solicited her company; at least, seemed to enjoy her society."

—

Quack Advertisements.—We know not of any thing which displays so prominently a low state of moral feeling and total disregard of common decency, as the disgusting obscenity of the advertisements of medical swindlers which pollute the columns of newspapers. Can any one be surprised by the appalling statements of Lord Ashley, lately made in the House of Commons, respecting the depravity of the mining and manufacturing population in England, when the affluent and educated classes see no impropriety in placing every morning on their breakfast tables, under the eyes of their wives and daughters, those most horridly indecent and beastly productions. Not only do they do this, but from highest to lowest do they patronize, encourage, and cherish the most abandoned villains if they minister to their wretched caprices and follies with respect to their filthy ailments. Our readers are fortunately unacquainted with the private history of the quack system in England in all its ramifications; but if we entered into particulars we could perhaps draw a picture in exposing it, which would represent human nature in its utmost state of deformity and turpitude.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

—

Medical Instruction in Philadelphia.—The regular courses of Lectures will commence on the first Monday in November. Her two chartered Medical Schools,—her admirably arranged General Hospital, her immense Alms-house, her Hospital for the Blind and Lame, and her several dispensaries, in all which clinical instruction is given; also her numerous experienced and able private instructors, and the abundance and cheapness of subjects, render Philadelphia unrivalled in this country for the advantages it affords as a place of medical instruction.

Students should come on early in October so as to have time to gain correct information, make their selection of teachers, obtain good lodgings, and generally make their arrangements to the best advantage.

—

Erroneously suspected Pregnancy.—Dr. Sprague, of Michigan, in a letter to the Editor of the *Western Lancet* alludes to the following case, which is analogous to that of the unfortunate Lady Flora Hastings.

A respectable young lady was suspected of being pregnant, her abdomen having considerably enlarged. She was treated by the parents with unnatural cruelty, which induced her to request the opinion of a physician. This was obtained and unfortunately

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sustained the views of the parents; and, notwithstanding the solemn protestations of the patient, she was declared pregnant. Disease and ill treatment soon terminated her life, and, a post mortem examination revealed *numerous large tumours* in the abdomen, but *no fœtus!*

—

Medical Department of Hampden Sidney College.—Jeffries Wyman M. D., of Boston, has been appointed Professor of Anatomy and Physiology. The next session of the school will commence on the last Monday of October.

—

Harvard University—Massachusetts Medical College.—At the close of the Academic year ending Aug. 23, 1843, the degree of M. D. was conferred on 30 candidates.

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Yale College, Ct.—At the late annual commencement 17 candidates received the degree of M. D.

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Pennsylvania Medical College, Filbert St.—It is said that the Professors in this school have had a disagreement and that all of them have resigned their chairs. We have not learned whether or not the school would be reorganized.

—

Columbian College.—Benjamin Hallowell, Esq., has been appointed Prof. of Chemistry in the Medical Department of this school in the place of the late Dr. Hall.

FOREIGN INTELLIGENCE.

Potato-Starch.—Dr. Pereira has published in the *Pharmaceutical Journal*, some interesting observations on this fecula, which it appears is extensively used in England, for adulterating dietetical and pharmaceutical substances, and is sold in the shops under various names.

"At some of the Italian warehouses in London it is sold under the name of potato-flour; being used by cooks in the preparation of souffles, and sometimes for thickening gravies, sauces, &c., on account of its being cheap, tasteless, and soluble.

"At Mr. Butler's, in Covent Garden market, it is sold in tin canisters, under the name of English arrow-root, and is used as a farinaceous food for infants and invalids, as well as for the preparation of puddings.

"Bright's nutritious farina is a carefully prepared potato-starch, very slightly coloured and aromatized. It is used for the same purposes as the preparation last referred to; it makes very agreeable puddings.

"The powder sold as the Prince of Wales' food, prepared by the Patent Farina Company, is potato-starch.

In High Holborn there is an establishment professing to sell Indian-corn-starch. On examination, Mr. P. found that the substance sold under this name is potato-starch, to which a blue tinge has been communicated, probably by indigo. The naked eye is sufficient to recognize it. By the microscope, the shape and size of the grains, which are very different to those of the real fecula of maize or Indian corn, readily distinguish it as potato-starch.

"The powder sold as Anderson's soluble starch, is identical with the so-called Indian-corn-starch; in other words, it is coloured potato-starch.

"Bright's universal sanative breakfast beverage is a mixture of potato-starch and chocolate. To the latter substance it owes its colour, odour, and flavour. When prepared for use, with either water or milk, it forms a thickish liquid."

Potato-starch is sometimes used to adulterate West Indian arrow-root; and an imitation sago is sometimes prepared with it. It is also extensively used in England in the manufacture of potato-sugar, which is employed by fraudulent grocers for mixing with the common brown cane sugar.

"In reference to the detection of potato-starch," Dr. P. remarks, "it may be readily distinguished by the naked eye of an experienced person from all other commercial feculas, *tous les mois* alone excepted. It presents a remarkable glistening, satiny, pearly, or sparkling appearance, somewhat like that of a number of minutely divided globules of mercury. Though it is difficult to convey an accurate and precise idea of this property by words, yet it is one which is instantly recognized when a sample of this starch is attentively examined. It arises from the large size of the amylaceous grains. Moreover, potato-starch wants that dull or dead white appearance presented by West Indian arrow-root. It gives the idea of the particles being slightly translucent.

"In the large size and slight translucency

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of its grains, *tous le mois* agrees with potato-starch; indeed, they are somewhat larger than those of the latter starch. Hence, therefore, the naked eye may confound these two feculas.

"The microscope is the most important agent in distinguishing the different starchs from each other; and by it we can readily detect potato-starch. We recognise it by the size, shape, and structure of its grains. Though the size varies somewhat, yet on the average it exceeds that of other commercial starches, always excepting *tous les mois*, whose grains, as I have already stated, are rather larger. I have, however, occasionally met with samples of potato-starch, whose grains nearly equalled in size those of *tous les mois*. The actual size of the grains varies from 1-600th to 1-30th of a line in diameter. The shape of small (or youngest?) grains of potato-starch is circular or globular: but that of the larger ones is elliptical, oblong, ovate, or obtusely triangular. Perhaps, we may assume that the normal form of the fully developed particles is ovate. The structure of the grains is the next point deserving of our attention. When examined by a polarizing microscope, we observe, by the black cross which they present, that they possess a depolarizing or doubly refracting structure, which is to be regarded as an indication of their consisting of a structure unequally dense. By the common microscope we discover, on some part of the surface of the grain, one hilum, or, in some cases, two hila—one at either end, or two at the same end. The hilum is a circular hole, which was formerly thought to be a kind of umbilicus, by which, according to some writers, the starch-grain was originally attached to the parent vesicle in which it was developed. It is now regarded as the circular section of the tube or passage by which the amylaceous substance is introduced into the interior of the starch grain. On large and old grains of starch we observe a number of cracks which commence at the hilum.

"On the surface of the grains is a series of curved lines, forming a system of either concentric or eccentric rings or zones, which surround the hilum. They are similar to the curved lines observed on bivalved shells, as the mussel, and which indicate the terminations of the successive layers of which these shells are composed. The grains of every kind of starch, which I have hitherto examined, present a hilum and some traces of rings; but in the smaller grained starches, as rice-starch and the Portland arrow-root (starch of arum maculatum) they are very imperfectly perceived. *Tous les mois* and potato-starch, probably on account of the size of their grains, show these rings in the most distinct manner.

"The starch grains are composed of a series of juxta-posed concentric layers, which may be compared to the laminæ of an onion. Of these layers, the innermost are the most recently formed. The composition of all of them is the same, but their cohesion is different, the inner or younger ones being less cohesive, and, therefore, more readily soluble than the outer or older ones. The rings or rugæ so distinctly perceived on grains of potato-starch, depend on the concentric layers."

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Carbon and Nitrogen compound bodies, and made by plants during growth.—R. Rigg, Esq., finding that sprigs of succulent plants, such as mint, placed in a bottle containing perfectly pure water, and having no communication with the atmosphere except through the medium of water, or mercury and water, in a few weeks grow to more than double their size, with a proportionate increase of weight of all the chemical elements which enter into their composition, is thence disposed to infer that all plants make carbon and nitrogen; and that the quantity made by any plant varies with the circumstances in which it is placed. He has read a memoir on the subject to the Royal Society.

—

Pulmonary Phthisis.—The mortality from Phthisis in the whole civil population of Algiers is 1 in 20, whilst in Paris it is 1 in 5. On dividing the population of Algiers it appears that the mortality from Phthisis among Europeans is 1 in 15; among the Turks 1 in 55, and among the Arabs 1 in 70.—*La Lancette Française*, 25th May, 1843.

—

Medical Reform.—M. Bouillaud presented to the Chamber of Deputies in April last a petition from the Medical Students of France for the suppression of the institution of officiers de Sante.—*La Lancette Française.*

—

Tartar of the Teeth. Infusoria.—A pa-

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per was read to the French Academy of Sciences, by M. MANDL, entitled "Microscopic Investigations as to the nature of the Tartar and mucous coverings of the tongue and teeth." If we are to believe M. Mandl's microscope, the human mouth is a perfect cemetery, where millions of infusoria find their catacombs. Leuwenhoeck had already told us that the human mouth was peopled with infusory animals, and that the mucous secretion on its surface served as their ocean; but it remained for M. Mandl to discover that the tartar which covers the teeth is formed of the mountains of the dead of the inhabitants of this ocean. M. Mandl knows not to what cause to attribute the origin of these microscopic animals, but has ascertained, he says, that they are most numerous in persons who live on spare diet, and that they are instantly killed by ardent spirits.—*Athenæum*, Aug. 19, 1843.

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British Association for the Advancement of Science.—The annual meeting was held this year in Cork, commencing on the 16th of August. The only papers read before the *Medical Section*, during the two first days, were, "On a peculiar disease of the Biliary Ducts," by Dr. Olliffe of Paris; "On the means adopted by nature in the suppression of Hæmorrhage from large arteries," by Dr. Houston; "On the cure of Aneurism by pressure," by Prof. Harrison; and "On the deleterious effects of œnathe crocata," by Dr. Pickells.

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Pellagra in France.—This disorder, hitherto supposed to be met with only in some parts of Italy, has lately been observed at the Hospital St. Louis. Pellagra, according to Moscati, Odoardi, &c., was unknown in Lombardy before 1715, beginning between the Po and the Alps, where it is now endemic, and gradually extending itself to all Lombardy, the Venetian territory, and the frontiers of Carniola. In 1755, Thierry described that disease under the name of *Mal de la Rosa*, which he had observed in Spain, and whose resemblance to the Lombardy pellagra was pointed out by Cerri, and M. Rayer. In 1786, Strambio, physician to the hospital of Legnano, founded by Joseph II., destined principally for treating patients affected with this malady, published a remarkable work on this subject. In 1818, it was observed in the south of France, and in 1819, Dr. Hameau described a disorder under the name of *Mal de la Teste*, endemic in the Arcachon, and which is a variety of pellagra. In 1834, M. Brieare de Boismont published a second edition of the memoir read in 1830, at one of the sittings of the Academy of Sciences, in which are consigned the different pathological alterations which he found on examining several persons who died victims to the disease during the time he resided in Italy. Since then, M. T. Roussel, who has had opportunities of studying the disorder in Italy, has published a case in the *Revue Médicale*, which occurred at St. Louis: a second case took place in the same hospital in 1842; both of them terminated fatally. The third case is that of a man now under treatment, the disorder being now arrived at the second period. M. Theophile Roussel, in a memoir presented to the Academy of Sciences, thus expresses himself: "The description of the different diseases, known under the names of *Mal de la Rosa, Mal de la Teste, &c.*, prove that they are all varieties of pellagra, with a slight difference according to the climate, for they offer the same characteristic symptoms, are produced by the same causes, and exist under two forms,—1st, epidemic, in the mountains of Brianza, in Lombardy, in Asturia, Spain, in the heaths of Gascony, France: it was under this form that pellagra was first observed, the characteristic symptoms being highly developed: 2d, sporadic, almost throughout the whole of Italy, on the north side of the Alps, where it was seen by Bruniva and his pupils; in the centre of Germany; at Vienna, where Careni states, he saw three cases; in Spain, especially in Castille; among the poor in the environs of Paris (the three cases observed at St. Louis were inhabitants of the environs). The only difference is in the intensity of the cutaneous eruption, which is easily explained, if the opinion of the Italian physicians be correct, viz. that insolation is one of the principal causes. In Spain, the erythematous patches, which gave rise to the denomination of *Mal de la Rosa*, are covered by a thick scab, and the disease seldom attains the degree of virulence it has in Lombardy, where they are hidden by scabs, and offer sometimes deep fissures. In the neighbourhood of Paris it is more benign than in Spain."

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THE

MEDICAL NEWS

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VOL. I. NOVEMBER, 1843. No. 11.

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CLINICAL REPORTS.

PENNSYLVANIA HOSPITAL.

Service of Dr. Peace.

Cases discharged from the Surgical Wards, since August 20:—Abscess, in Thigh, 1; do. in Calf of Leg, 1; Amaurosis, 1; Bubo, 3; Caries, of Bones of Ankle, 1; do. Elbow, 1; Calculus, 1; Conjunctivitis, 3; Contusion, of Knee-joint, 1; do. Hip-joint, 1; Shoulder-joint, 1; Elbow-joint, 1; other parts, 2; Concussion of Spine, 1; Chancre, 2; Dislocation of Radius, backwards, 1; Epididymitis, 1; Enlarged Prostate, 1; Fracture, of Ossa Nasi, 1; do. Upper Maxilla and Nose, 1; do. Clavicle, 1; do. Ribs, 3; do. Humerus, (compound,) 1; do. Forearm, (compound comminuted,) 1; do. Radius, 1; do. Ulna, 1; do. Ext. Condyle of Humerus, 2; do. Dorsal vertebræ, 1; do. Femur, 6; do. Bones of Leg, (simple,) 3; do. (comp'd. commin'd.) 1; do. Fibula, 1; do. Metatarsal bones, (compd.) 1; Fracture of Patella, 1; Rupture of Ligamentum Patellæ, 1; Fracture of 1st phalanx Great Toe, 1; Furunculus, 1; Gleet, 1; Gonorrhœa, 3; Hernia, (strangulated,) 1; Hydrocele, 1; Lichen, 1; Mentagra, 1; Phimosis, 1; Otorrhœa, 1; Paralysis of Muscles of Shoulder, 1; Paronychia, 1; Sprain of Wrist, 1; do. Ankle, 1; Stricture of Urethra, 1; Syphilis, Secondary, 2; do. Tertiary, 4; Tumour, of Mammæ, (fibrous,) 1; do. Condylomatous, 1; do. Foot, 1; Ulcer, 5; do. Cornea, 1; Wound, incised of Scalp, 2; do. do. Shoulder, 1; do. lacerated, of Hand, 2; do. do. Face, 3; do. do. Leg, 1; do. contused, of Scalp, 3; do. punctured, of Foot, 2; do. do. Hand, 1.—Total, 98.

Cases admitted into the Surgical Wards since August 20:—Abscess, of Mamma, (chronic,) 1; do. near the Anus, 2; do. in Thigh, 1; do. Calf of Leg, 1; Amaurosis, 1; Anchylosis of Knee, (partial,) 1; Bubo, 4; Burn, 1; Cancer, of Mamma, 1; do. Lip, 1; Caries, of Metatarsal bones, 1; do. Ulna, 1; Conjunctivitis, 3; Contusion, of Knee-joint, 2; do. Ankle, 1; do. Shoulder, 1; do. Muscles, 4; Coxalgia, 1; Chancre, 4; Dislocation of Humerus, (downwards,) 1; Epididymitis, 3; Fractures, of Ossa Nasi, 2; do. Clavicle, 1; do. Ribs, 3; do. Dorsal Vertebræ, 1; do. Humerus, (compound,) 1; do.

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Ext. Condyle of Humerus, 2; do. Radius, 1; do. Femur, 4; do. Bones of Leg, (compound) 2; do. Fibula, 1; do. 1st phalanx Great Toe, 1; do. Metatarsal bones, (comp'd.,) 1; do Bones of Arm, 1; Rupture of Ligamentum Patellæ, 1; Fistula in Perineo, 1; Furunculus, 1; Gonorrhœa, 4; Hernia, Strangulated, 1; Hydrocele, 1; Iritis, 1; Otorrhœa, 1; Paronychia, 1; Phimosis, 1; Sprain of Ankle, 1; Stricture of Urethra, 1; Syphilis, Tertiary, 1; do. Secondary, 2; Speck on Cornea, 1; Ulcer, 5; Tumour, (fibrous of Mamma), 1; do. on Foot, 1; Wounds, Contused of Scalp, 4; do. incised of Neck, 1; do. do. Wrist, 1; do. lacerated of Hand, 2; do. do. Arm, 1; do. incised of Hand, 1; do. punctured of Foot, 2; Gun-shot of Face, 1; do. do. Forearm, 1.—Total, 97.

1. Of the patients in the Surgical Wards, 7 died during the last two months. Of this number, one was an old lady who died, probably of phlebitis, after the amputation of the little toe.

2. Two of tetanus following railroad accidents. One a compound comminuted fracture of the metatarsal bones, and the other a similar injury of the leg. The first died just a week after the injury, and 48 hours after the first observed symptoms of tetanus; the other lived ten days after his accident, and 24 hours after the supervention of tetanus. In both cases the treatment pursued consisted in the administration of morphia in large doses, and in counter-irritation along the spine. An examination was made of the first case, twelve hours after death. The nerves of the injured foot were carefully traced upwards to the spine, but no inflammation could be detected either in the nervous matter, or in the neurilema. The membranes of the spinal cord were somewhat turgid with blood, but as this was only observed in the larger vessels, we considered it as an effect simply of the disturbed action of the circulatory organs, and the blood, produced by the violent and oft-repeated spasms which affected the chest and throat chiefly.

In the same manner we explained a similar condition of the meninges of the brain, and of the brain itself; the large vessels only appeared to be distended, there was no capillary injection, nor softening. But on examining a case of tetanus which terminated fatally, in the early part of the spring, we found the principal nerves in the neighbourhood of the injury (a compound and comminuted fracture of the forearm), softened at their injured extremities; the membranes of the spinal cord in the cervical region intensely injected, and the substance of the spinal cord in the same region soft and pulpy from inflammation. In this case the man lived three days and a half after the onset of tetanus.

3. A fourth individual had received a compound fracture of the humerus, a comminuted fracture of the clavicle, which became compound also, and a fracture of the ossa nasi, with some severe contusions. He was attacked with erysipelas, but recovered from it, and appeared to be doing well until about the nineteenth day he was attacked with pneumonia, of which he died in two days.

4. A man was brought in on Wednesday last, having been run over by a broad dray. The only apparent injury was a fracture of the ribs on the right side, nevertheless he died in a very few minutes. On examining the body, the next morning, we found that all the ribs of the right side were fractured, nearly in a straight line from the middle of the axilla downwards perpendicularly; the right lung was pressed upon and some of its air-cells ruptured, with here and there effusion of blood beneath the pleura: the liver was very much lacerated, small fragments of it being found in the cavity of the peritoneum; the right kidney was also much torn, and a very large quantity of blood was contained in the cavity of the abdomen, and in the substance of the muscles of the chest and belly. Externally the course of the wheel was marked by spots of ecchymosis along the side, over the injury of the ribs.

5. One of the cases of fracture of the thigh was treated by Hagedorn's apparatus as improved by Dr. Gibson. In the practice of the hospital such injuries are commonly treated by Desault's splints; but in this particular instance the patient had received such severe contusions of the ankles and feet that Desault's apparatus could not have been borne. But by the other splint the necessary extension was diffused over both limbs, and the ankles were saved. Considerable care and attention was necessary in the progress of the treatment. The man complained for several days of the inconvenience and irksomeness of such close restraint, but he became soon reconciled to it, and at length got well with no apparent shortening; his walking betrayed none.

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6. Another case of fracture was interesting, as showing how complete may be the recovery from a very severe injury—

A young man of good health and habits, a carpenter by trade, while working on the roof of a four story house, fell through the building down into the cellar, striking upon a joist in his descent. He was brought to the hospital immediately. We found that the fibula was broken near its head, with a second fracture comminuted at its lower extremity; that the tibia was broken obliquely downwards and outwards into the ankle-joint, and that a small fragment had been thrown from its outer and inferior extremity upon the cuboid bone. The leg was placed in a fracture box, and cold applications continually renewed upon it. We were apprehensive that gangrene from excessive inflammation would take place, or, at least, that a slough would form upon the outer ankle, and thus render the fracture compound. But neither of these complications occurred, and at the end of about fifteen weeks the man was discharged, with the injured limb equal to the other in length, and almost in shape, and with but slightly impaired motion at the ankle.

W. F. SARGENT, M. D.,
Oct. 21. *Resident Surgeon.*

WILLS HOSPITAL.

Service of Dr. Littell.

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JNO. CURWEN,
Oct. 1843. *Resident Physician.*

MEDICAL EDUCATION AND INSTITUTIONS.

MEDICAL SERVICE IN THE NAVY.

NO. IV.

After the examination has been passed for admission into the navy as an assistant surgeon, it sometimes happens that many months elapse before the candidate receives a commission. This delay arises because appointments are only made to fill vacancies as they occur. When the commission has been obtained, what is it worth? Upon this question, there are probably various opinions entertained; while some few express themselves as content, others loudly complain of the relative position in which they are placed with other officers. And these complaints are not always well understood, either by navy officers or citizens. At first, we were disposed to regard the dissatisfaction expressed by some assistant surgeons we have the pleasure to know, as the result of some peculiarity or flaw of temperament which disqualified them for military subordination; but, on more closely examining the subject, we learned that even those who were extremely popular among navy officers, and who had no personal grievances to urge, set forth that the usages and regulations of the navy, place a value upon all medical officers far below their worth. In other words, that medical men in the navy, in naval society, stand very much lower than the same class of professional men do in our cities. In the navy, with the exception of medical men, clergymen, teachers and pursers, every individual has a defined rank which may be remotely compared to the aristocracy of England; but, instead of consisting of dukes, marquises, lords and baronets, it is composed of commodores, captains, commanders, lieutenants, masters and midshipmen.

Naval rank defines, as we understand it, the powers, personal rights and privileges, as well as the duties of officers, to a considerable extent. While certain ceremonies of etiquette are observed when a lieutenant, for example, leaves or enters a ship, none are observed towards a midshipman that would be missed. The captain would be received with more ceremony, and a commodore with a still greater system of parade. In any community where such a scheme of formalities is preserved, it is natural that those persons towards whom there is no official manifestation of respect, should feel abased, and especially when those persons are highly respectable, highly intelligent, and clothed with a commission which is to them merely nominal, because it confers none of the distinctions of privilege and power which a similar instrument confers upon others who are in no respect intrinsically more worthy

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than themselves. For example, the commission of a lieutenant and that of an assistant surgeon are of the same tenor; but the lieutenant is privileged to walk the starboard side of the quarter-deck, and his entrance and egress of a ship is announced by the piping of a boatswain's mate: the assistant surgeon should walk the larboard side, enter the ship by the larboard side, silently and unheeded; and any attention beyond, is not in accordance with the rules of the navy, though it is not unfrequently paid spontaneously, in respect to personal merit. The commission of lieutenant, places him socially on a footing with men of his own time of life, gives him a room to sleep in and retire to; but the assistant surgeon is made to live with boys, in the steerage, and has no apartment assigned to him by regulation or rule, but sleeps in a cot or hammock, most frequently with a dozen or more youngsters by his side. All these grievances grow out of the simple fact, that the laws of the navy have not assigned to medical officers any rank whatever. But this is a defect in the law, and not a fault of navy officers; because we cannot believe that a body of men as intelligent as the officers of the navy generally are, would be instrumental in perpetuating grievances which might be readily removed without any prejudice whatever to themselves. It may be remarked here, that while medical officers do complain of their want of a defined rank, they are desirous not to cast any censure upon other officers in the navy, on account of this defect in the law.

"Now let me ask," says an assistant surgeon, in "The Boston Medical and Surgical Journal," for September 20, 1843,—"now let me ask, how much is there in the situation of officers of our grade, with such acquirements, to make them satisfied with their condition? They come on board ship fully qualified for the exercise of their duty, yet are associated with boys perfectly ignorant of theirs. They have a commission which requires the approval of the Senate; yet it confers no right that the midshipman who was at school learning to read, two days before, may not dispute, and victoriously too. They are not permitted to bear that commission until they are of age; yet a boy who has not got over the whims and caprices of childhood, may exert those very whims and caprices to the discomfort of a man whose attainments have been tested, and stamped with a high value by a rigid examination—attainments for which he has possibly expended all his little means, and given up his youth to privation and toil, and which redound to the credit of the service.

"It may be asked, why do men remain in the navy under such circumstances? Why! Many cannot help it; myself, for example; others are for a time fortunately situated, as I happen to be just now, and the chain does not gall; and then, getting broken in, or broken down, they find it too late to resign."

The medical officers are anxious to obtain the passage of a law, or the establishment of a regulation, which will place them, in point of rank, on an equality with their professional brothers in the army. They ask to have proper apartments assigned to them on board ship, and to be represented on courts martial whenever any member of their class is tried by martial law. Small as these points seem, just and reasonable as they are, the medical officers have made efforts heretofore in vain. We learn from an article (which displays no little irritation on the part of the writer of it) in the "Southern Literary Messenger," for August, 1843, that in the opinion of medical officers, naval hospitals *ought* to be under the governorship of surgeons of the navy, and not of sea officers. The writer of the article contends that they ought to remain in charge of sea officers, because they are military establishments. For our part, we should suppose that surgeons in the navy are sufficiently acquainted with military usage, to be fully competent to manage the police of an hospital, as well as a lieutenant or captain. We presume that surgeons in the army are not more familiar with military affairs or usages in the army, than surgeons of the navy are with the usages of the navy. Army hospitals are under the control of army surgeons; and we are not convinced that navy hospitals ought not be under the control of navy surgeons, so far as their discipline and management and treatment of the sick and wounded are concerned.

In our next, we will speak of the emoluments of the office of assistant surgeon, and of the prospects of medical men who serve in the navy.

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SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Note from Timothy Goslin.—Mesmerism.—The following excellent jeu d' esprit appeared in the *London Med. Gaz.* for Feb. last:

"Sir,—I feel assured that you, and every friend of humanity, will most heartily rejoice in the most valuable discovery which has lately been made in Germany, by which such great relief will be afforded to the numbers of our fellow creatures who are now suffering so severely in these hard times. The discovery was made by the learned Professor Phillpokkett, of the celebrated University of Puffinburg. It is well known that the Professor has been long engaged in the practice of mesmerism on a very extensive scale, while he has also been one of the great patrons of homœopathy. Now the discovery in question unites the merit of both these operations. He has found out a method of mesmerizing the digestive organs, so as to render them quiescent for as long a period as may be necessary or desirable, during which period food of any kind is rendered quite unnecessary; and when food is required, he has discovered a mode of giving it in very minute quantities, when he employs a certain process by means of which a single grain of aliment will produce as great an effect as a pound in the way in which it was formerly used. I need not enlarge upon the marvellous benefit which must be derived from these discoveries: food will now be almost supersseded; it is estimated that one per cent. of the quantity hitherto used will suffice for all the real wants of the system. A labourer, who formerly required his pound of bread, or cheese, or bacon, will now be kept in perfect health and vigour by a few grains; an infinitesimal part of a beefsteak, or a mutton chop, will afford a plentiful meal, while bread will scarcely be required. The only objection that can possibly be urged against this discovery is the outcry that we must expect will be raised by the landed gentry. It will, no doubt, nearly supersede the use of corn, and amazingly diminish the quantity of oxen and sheep that will be sent to the market. But we know that they are a most selfish set, always bent upon their own interest, and quite disregarding the people at large; and, I think, they richly deserve to suffer for their unfeeling conduct. Your readers will be very happy to be informed that the Professor has made the necessary preparations for sending into this country a very intelligent pupil of his, M. Rennard, who is to act as his agent; and will give instructions in the method of putting the invention in practice. Professor Phillpokkett himself, as is well known, is a gentleman of unbounded benevolence and philanthropy, and it was his intention and earnest desire to have communicated his discovery to the world without any profit or compensation; but, at the earnest desire of his friends, he has been prevailed upon to accept a small remuneration for his services; and this he proposes to do by a charge of 90 per cent. upon the sum which will be saved to his patients, which will be only a fair recompense to him for the time and labour which he has bestowed upon his discovery, while he will still bestow an immense benefit upon the public. When M. Rennard arrives in England, you shall hear from me without delay.—I am, sir,

Your most obedient servant,
TIMOTHY GOSLIN.

Garden Lodge, Feb. 7, 1843.

—

Animal Magnetism a Fashionable Interlude in Paris.—The following extract from a very sensible article in a recent number of the French Medical Gazette, may probably amuse our readers:

"If this kind of charlatanism (the puffing of ignorant empirics) is disgusting in consequence of the serious injury to health that is often the result, there is another kind which, although immediately hurtful to society, is now spreading upon a broader scale, and is likely to be ultimately attended with still more serious mischief; we allude to *Animal Magnetism.* This doctrine, utterly rejected by the Academy, and abandoned, at least ostensibly, by the intelligent *Savans* who embraced it a few years ago, has now fallen into the hands of a set of the lowest empirics, who seem determined to turn it to the most profitable account. Several of these *industriel* rogues are in the habit of exhibiting in the saloons of Paris pretended somnambulists (of both sexes), who perform before the astonished spectators various mountebank tricks for the small sum of from 20 to 30 francs each performance! There is now scarcely a *soirée un peu sortable,* which has not its little somnambulic repre-

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sentation. And yet, in the name of all that is wonderful, these poor devils, whose address certainly is not a whit beyond the tricks of the most common juggler at a fair, are received into the most splendid drawing-rooms of the metropolis, amidst the most polished society of Europe, as marvellous and exceptional beings, whose words are received as the responses of an oracle, and whose acts are almost believed to be supernatural!

"We have been present at some of these mystifications, and we fairly confess that we knew not whether to wonder most at the unheard-of impudence of the performers, or the extraordinary credulity of the spectators. And strange to believe! this is going on in the nineteenth century, in the midst of all that is most enlightened in literature and science, without opposition or reclamation.

"Besides these public exhibitions, we have private ones, got up at so much an hour; and then there are occasionally medical consultations—to the disgrace of our profession too often sanctioned by medical men. In short, there is not a street in Paris that has not its somnambulist juggleries.

"Religious fanaticism has been for some time past availing itself of animal magnetism, as an apt means to impose on the credulity of the ignorant; for it is not difficult to perceive in the pretended miracles—which after so many years of interruption, have lately began to make their re-appearance in different countries in Europe—the influence of a superstitious belief once more brought into fashion by the modern disciples of Mesmer. The church, it is true, has condemned the practice of Animal Magnetism, but it should be remembered that it has never denied the truth of the somnambulic exhibitions. Hence it comes that, while many attribute the phenomena to the operation of some immaterial fluid or to some particular condition of the nervous system, others are convinced that they are the work of the Devil himself. It is this latter opinion that seems to be the one that is generally received. We cannot wonder at this, when we call to mind that the bulk of mankind have always had a mighty partiality for whatever savours of the preternatural and miraculous. Hence it comes that now-a-days not a few cases of catalepsy, extasis, hysteria, mental hallucination, &c., are put down to the agency of demoniac *possession*."—*Gazette Médicale.*

Remarks.—It is rather curious to observe what has been going on in our own country about this mountebankery of science, and to notice the different views taken of it by the Clergy. While Mr. *M'Neile*, the well-known eloquent minister of Liverpool, has published a sermon "On the Satanic (no mincing word, certainly) Agency of Mesmerism," a pamphlet has recently appeared from the pen of a clerical brother, entitled "Mesmerism the Gift of God!"

Who shall decide, when doctors disagree! —*Medico-Chirurgical Review*, Oct., 1843.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Vermont Asylum for the Insane.—The seventh annual report is just published. By the report, the institution appears to be in a very flourishing condition. 224 patients have enjoyed its advantages the past year, 88 have been discharged, and 136 now remain. Of the recent cases, 87½ per cent. have recovered; while of the chronic, or old cases, only 33⅓ per cent. have recovered. The terms are fixed at $2 per week, or $100 per year, if the patient remain so long in the institution. Patients from other states are received on the same terms as those from Vermont. —*Asylum Journal.*

Mount Saint Vincent's Hospital.—There have been 75 inmates in the insane department of this institution the past year. Of this number there were discharged cured 22; removed by friends or sent to the almshouse, 16. The number at present is 35. From the 20th Sept., 1842, to 20th Sept., 1843, there have been 32 recoveries; 11 females, 21 males. 19 had mania-a-potu, all of whom recovered; 13 the different forms of insanity.

Yellow Fever.—This disease prevails to a great extent in New Orleans and Mobile. During the week ending the 7th October, there were, in the former city, 104 deaths from the disease; and during the 9th and 10th of the month, 49 new cases were ad-

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mitted into the Charity Hospital. In Mobile, 20 deaths occurred from the disease, during two days, 10th and 11th October.

The disease has also appeared at Vicksburg, Rodney, and it is said at various other places on the Mississippi.

—

Position Defined.—It is of importance that the profession should know the position which each member assumes; and we therefore transfer to our pages the following notice, extracted from the *New York Daily Tribune*, of 27th September, 1843, as it defines this so exactly, as regards one individual.

"We understand that Dr. Rose, the physician so celebrated in Philadelphia for the successful treatment of Consumption, Bronchitis, and Liver Disease, will be at the Astor House, and may be consulted on Thursday, Friday, and Saturday, the 28th, 29th, and 30th of September.

"Dr. Rose is the American author of Consumption Curable, an old practitioner, and has now devoted himself entirely to the treatment of those diseases."

—

FOREIGN INTELLIGENCE.

—

Extirpation of Diseased Ovaria.—The No. of the British and Foreign Medical Review, for the last month, (October,) contains a very severe critique on a pamphlet by Mr. Charles Clay, entitled "Cases of Peritoneal Section for the Extirpation of Diseased Ovaria, by the large incision from Sternum to Pubes, successfully treated." In this paper, Mr. Clay gives the particulars of five cases in which he performed gastrotomy, in three of which the patients recovered; and he adduces this measure of success, backed by some statistical statements, to prove that the operation is "a perfectly legitimate and more than ordinary successful capital operation."

The reviewer asserts that Mr. Clay's statistics are lamentably and unpardonably incorrect, as a representation of the actual state of experience in this matter; and gives the following tables, of which the first displays those cases in which the diseased ovarium was actually extirpated; the second, those in which either no tumour existed, or in which insurmountable obstacles prevented the completion of the operation.

TABLE I.

	Successful Cases.	Fatal Cases.
Dr. McDowell,	3	1
Mr. Lizars,	1	1
Dr. A. G. Smith, Ky.,	1	0
Dr. Quintenbaum,	1	0
Dr. Rogers,	1	0
Dr. Ritter,	1	0
Dr. Chrysmar,	1	2
Dr. Granville,	0	1
Dr. Clay,	3	1
Mr. Walne,*	1	0
	13	6

TABLE II.

	Patients survived.	Patients died.
Dr. McDowell,	1	0
Mr. Lizars,	2	0
Dr. Granville,	1	0
Prof. Dieffenbach,	1	0
Dr. Martini,	0	1
Anonymous writer in Froriep's Notizen,	0	1
Dr. Clay,	0	1
	5	3

Thus it appears that, instead of the operation having been successful in twelve out of thirteen cases, as Mr. Clay attempts to show by his statistics, nine out of twenty-seven persons, or one in three of those who submitted to it, died; and that five out of the eighteen survivors had hazarded their lives, and undergone much suffering, to no purpose.

—

Phthisis and Intermittent Fevers.—M. GINTRAC, Professor of the School of Medicine, of Bordeaux, has published a memoir to prove that phthisis and intermittent fever reign simultaneously in the same localities, and that the presence of one does not prevent the development of the other.

M. Nepple, of Lyons, and Pacoud, of Bourg, in two letters recently published, maintain the contrary opinion.

—

Arsenical Caustic in Ulcers.—M. Souberbeille addressed a letter to the French Academy of Sciences, August 14th, in which he states that he had succeeded in curing ulcers, supposed to be venereal, and which

* Mr. Walne has since, operated twice. His second case was successful, and the third promises to be so; the patient doing well at the last report.—*Ed. Med. News.*

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had resisted several mercurial courses, and were reputed incurable, by the application of the arsenical caustic.

—

Separation and fecundation of the ovum in mammalia.—In two treatises just published by M. Bischoff, Professor of Physiology at the University of Heidelberg, "On the separation and fecundation of the ovum in man and in mammalia in general," M. Bischoff says, "that the separation of the ovum from the ovarium is produced by coitus, and that this takes place in the bitch twenty or twenty-four hours after the act, and in the rabbit nine or ten hours. Subsequent experiments proved to him that these conclusions were erroneous, and that it was effected without the intervention of the male. If we extirpate the uterus, leaving the ovaria and tubæ fallopianæ in the natural position, or if we prevent the approach of the male, the animal experiences as usual the desire of the union of sexes; the vesicles of Graaff increase in size, the vesicle of Purkinge disappears; the ovum comes to maturity, is separated from the ovarium, and enters the oviductus: the corpus luteum is visible under an effusion of blood. The development of the ovum proceeds no further, as fecundation has not taken place. It is thus clearly proved, first, that two circumstances are necessary in order that conception may be accomplished;—the action of the semen on the ovum, and the maturity of the ovum; second, that coitus is not the cause of the separation of the ovum from the ovarium; third, that fecundation takes place not only in the ovarium, but likewise in the oviductus; fourth, that the corpora lutea may exist without having been preceded by conception; fifth, that there is no material difference between catamenia and the development of venereal desire in animals, both of these phenomena being a periodical excitement of the genital organs, caused by the augmentation of a vesicle of Graaff, and the separation of the ovum; sixth, that conception takes place when the ovum is arrived at maturity, which generally is immediately after the catamenial flux; should it occur at another period, it is probably owing to the following causes. (*a*) Because it takes place just before this evacuation, or some days after the separation of the ovum, and while it is still contained in the oviductus; (*b*) because the semen retains its prolific qualities some days after being deposited in the female genital organs; (*c*) because the ovum may be brought to a state of premature maturity by the excitation caused by frequent coitus.—*Med. Times*, 23 Sept., 1843.

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Guy's Hospital.— Ward for Children.—Preparations are making at Guy's Hospital, for the purpose of opening a clinical ward for the diseases of children. It is to be placed under the superintendence of Dr. Golding Bird.

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Medical Society of London.—This Society, which has published nothing for nearly half a century, have determined to publish their Transactions. They formerly published six volumes, entitled Memoirs, which contain some very interesting papers.

—

Necrology.—Two months only have elapsed since we had to chronicle the extinction of two great lights of science, Madame Le Normand and Dr. Hahnemann, and we have now to record a third. Dr. Samuel Thomson, the founder of the medical system honoured by his name, breathed his last, in the city of Boston, at the advanced age of seventy-four.

We are unable to say what place can claim the honour of having given birth to this great Medical Reformer; we know not what town is to rank with Geissen, the Mecca of the infinitesmalists. But the *doctrines* of Thomson are so lucidly set forth in the following extract from a petition sent to the legislature of New York, signed by 17,000 of his followers, that no disputation in regard to them can take place.

"We consider all other medicines [except vegetable] poisonous, whether they be elementary or natural or artificial compounds; every metal or compound of a metal. This extends to all mineral waters, no matter how popular; we consider them all deleterious, and of course poisonous. One of our apothegms is, that the metals and minerals are in the earth, and being extracted from the depths of the earth, have a tendency to carry all down into the earth, or, in other words, the grave, who use them. That the tendency of all vegetables is to spring up from the earth. Their tendency is upwards; their tendency is to invigorate and fructify, and uphold mankind from the grave."

The advocates or friends of *this* system are computed, as stated to the legislature of New York, to amount to upwards of 3,000,000!!!

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THE

MEDICAL NEWS

AND

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VOL. I. DECEMBER, 1843. No. 12.

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CLINICS.

WILLS HOSPITAL.

Service of Dr. Hays.

Patients in the house on the first of October, 27

Admitted during the month, 6

Discharged, 9

Remaining in the house, 24

Males, 15

Females, 9

Operations during the month:

For cataract, 2

" artificial pupil, 3

" pteryguim, 1

" removal of piece of iron from posterior chamber of the eye, 1

— 7

JNO. CURWEN, *Resident.*

PENNSYLVANIA HOSPITAL.

Service of Dr. Wood.

Cases admitted into the Medical Wards of Pennsylvania Hospital during the month of November:

Ascites, 1; diarrhœa, chronic, 1; drunkenness, 2; enlargement of spleen, 1; epilepsy, 2; erysipelas, 1; fever, remittent, 1; do. intermittent, 1; do. typhoid, 2; hæmoptysis, 1; hæmiplegia, 1; hysteria, 1; inflammation of brain, 1; mania-a-potu, 1; neuralgia, 1; pneumonia, 3; phthisis, 1; rheumatism, chronic, 5; spinal irritation, 1.—Total, 28.

Cases discharged:

Anæmia, 1; bronchitis, 2; drunkenness, 2; erysipelas, 1; fever, remittent, 5; do. intermittent, 4; do. typhoid, 3; functional affection of heart, 1; hemicrania, 1; hemiplegia, 1; hæmoptysis, 1; inflammation of brain, 1; mania-a-potu, 1; phthisis, 3; pleu-

☞ Attention is particularly requested to the *terms of subscription*, for which see advertisement on the last page of this No. This work for 1844, will in no case be sent unless payment is made *in advance.*

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risy, 1; pneumonia, 1; paralysis of arm, 1; do. agitans, 1; polypus of uterus, 1; prolapsus of do., 2; rheumatism, acute, 1; do. chronic, 1; tonsillitis, 1: chronic enteritis, 1. —Total, 39. Died, 5.

F. W. SARGENT, M. D.,
Resident Physician.

November 29, 1843.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

A New Humbug.—Naphtha a Cure for Consumption.—A Dr. John Hastings,* in a work recently published, extols naphtha as almost a specific in pulmonary consumption, and details thirty-seven cases, all of which are regarded by him as examples of genuine phthisis; and all, or nearly all, of which were, he asserts, cured by naphtha!

This work of Dr. Hastings not having yet reached us, we shall give some extracts from a review of it, in the *British and Foreign Medical Review;* which will enable the profession here to judge what claims this professed cure for consumption has to their confidence. We are a very gullible people; and this new specific will doubtless be seized upon by those *enterprising* young men in the profession who seize upon every bubble, and try to float aloft with them to attract the gaze of the simple. The bubble they know will soon burst, but their object—*notoriety* —will be gained.

"The work of Dr. John Hastings," says the reviewer, "although professedly written to magnify the virtues of naphtha in consumption, contains, of course, all the usual display of materials which the public could desiderate in a treatise on so popular a malady; accordingly, we have separate chapters on the causes, symptoms, complication, pathology, diagnosis, and treatment of consumption. Of these we shall only say, in the mass, that with the exception of a single observation of a few words on the subject of 'a globule' in tubercle 'hitherto unnoticed,' (p. 35,) and which observation is obviously, like the rest of the book, a mistake—they do not contain one particle of information which is not to be found in the works in everybody's hands, while they are disfigured by innumerable omissions, oversights and mistakes, and exhibit a style of composition discreditable to any man who has received even an ordinary English education, and disgraceful to one who boasts the highest honours of our learned profession." * * *

"The quality of its materials, its tone and manner, its 'taking title,' and the way in which it has been blazoned in the newspapers, to an extent far beyond the ordinary range of honest medical advertisement for the mere sale of books—all too forcibly remind them of the publication of works, the subsequent conduct of whose authors left no room for indulging the charitable belief that their productions were merely the offspring of ignorance and folly. The speedy lapse of these men into the practice of open and unblushing quackery, made it evident that they had calculated beforehand the effect that would be made on the public mind by their bold announcement—that a most destructive malady, usually deemed irremediable, was really 'curable;' and not only so, but that it had been 'successfully treated' by themselves. Wherefore it is that honourable men doubt of Dr. John Hastings, and that we deem it our duty to point out, at least, the danger that he runs." * * *

"The original part of this volume consists in the details of thirty-seven cases of pectoral affections, all regarded by the author as examples of genuine phthisis, all treated by naphtha, and *all,* or nearly all, CURED by it, in a space of time varying (to speak in round numbers) from one month to four months!

"'From the very *first moment,*' [how marvellously rapid is the operation of this agent, and how quick the perceptions of the author!] 'from the very first moment I employed naphtha in pulmonary consumption up to the present time, it has been so successful in my hands, that I have no doubt it will be found, upon careful and judicious use, to be *little less than a specific* in the earlier stages of the disease.' (P. 8.)

"'Single-handed, if I may be allowed the use of the expression, *it has cured pulmonary consumption in almost every case in which it has hitherto been used,* when the disease has been treated *in an early stage.* And from what I have more recently observed, although I do not consider myself justified at present to publish *it,* [what?] I am most sanguine that, *even in the latter stages* of the disease, *a restoration of health may generally be calculated upon.*' (P. 120.)

* This Dr. *John* Hastings must not be confounded with Dr. *Charles* Hastings, of Worcester, who is one of the most honourable and able physicians in England.

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"Such general statements as these, however remarkable, coming from a quarter hitherto unknown, and consequently of no authority, would make but little impression on the minds of those who know phthisis by long and melancholy experience, or who have overlived the kindred marvels once worked in utopian medicine by digitalis, hydrocyanic acid, &c. &c. Unsupported by facts, or alleged facts, they would be utterly disregarded by men of experience, as merely yet another brood of those vain visions which, in all times, have beset the brains of incipient doctors. But when we have these statements ostensibly *borne out* by the details of the cases of thirty-seven men and women, with their names and addresses blazoned in a book,—men and women, too, all alive and well, with lungs now as sound and sonorous as a bell, although, but a few weeks or months ago, with chests as dull as a board from tubercles,—the thing becomes of much more serious import, and demands close investigation.

"What, then, are the 'facts' which Dr. John Hastings has recorded in his book—and with which, if all the men and women of England are not soon made acquainted, it is assuredly their own fault, for shutting their eyes to the gentle intimations given of its existence, and the nature of its cheering contents, in every journal of the day? The 'facts' are these:

"Thirty-two women and four men* came to Dr. John Hastings, labouring under pectoral affections of various duration, from a few weeks to some years, and presenting, with scarcely an exception, and with remarkable uniformity, the following very serious combination of *symptoms:* cough, dyspnœa, copious expectoration, profuse night sweats, emaciation. Four had had hæmoptysis. The nature of the expectoration is scarcely ever mentioned, and the state of the pulse only three or four times. A large proportion of the patients are stated to be of consumptive families. *Every one* of these patients, in addition to these symptoms, afforded to Dr. John Hastings auscultatory *signs* of the most formidable import, viz., *dulness over a part or the whole upper regions of the chest,* absence of the respiratory murmur in the dull spaces, or change of its natural character to that of feeble, harsh, &c. &c. In no less a number, we think, than twenty-seven out of the thirty-seven cases, the dulness is represented as existing not only *on both sides, but over the upper portion of the chest generally;* in ten cases, or thereabouts, the dulness is confined to one side. In about one half of the cases, the sounds of the heart are stated to be abnormally audible over the dull parts; and the respiration is recorded as *puerile* on the sound side in almost all the cases where the dulness existed only on one side. Supra-clavicular or sub-clavicular depressions are stated to exist in several cases.

"It is evident that if we admit the validity of the evidence of disease here afforded to us, and implied by these symptoms and physical signs, we must concur in opinion with Dr. John Hastings, that he had to deal with serious structural disease of the lungs; in short, with pulmonary consumption in an advanced stage of its progress. And yet what is the result of his treatment of these very cases?

"Under the use of naphtha (in doses varying from ten to twenty, thirty, or forty drops, thrice a day,) and of naphtha alone, (for in general no other means seem to have been used,) ALL *are cured;* the cough, expectoration, sweats, &c., disappearing for the most part within a few weeks, and the physical signs, indicating structural change, vanishing shortly after!!"

The reviewer gives an analysis of the cases, to show the precise period within which a complete cure was effected, according to Dr. John Hastings, and quotes three of the cases verbatim. He then asks:—

"Now is not this—and all this—most wonderful? Are not the results here blazoned almost unexampled in the annals of medicine, even when we include therein those copious but degrading and disgraceful chronicles of which our newspapers are the vehicles, and of which the vendors of secret pills and balsams and other *universal* remedies, are the authors? We think they are. Other wonder-workers in the therapeutics of desperate maladies have for the most part toiled in the dark. In regard to the dreadful diseases they boasted to cure, honest men had the consolation to think, amid their own failures, that the diseases either did not exist at all, or that the so-called cures were merely temporary alleviations, to which almost all diseases are naturally subject. No evidence but the assertions of the parties was adduced; and, of course, these went for no-

* We exclude, for the present, Case Twenty-three, that of a patient in the last stage.

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thing among men of sense and honour. But the deeds of Dr. John Hastings are of quite another stamp. Wisely judging, no doubt, that the mere assertion of a doctor of medicine, even although that doctor should be the senior physician of a free dispensary, would, on such a subject, go for little, even among the well-informed men out of the profession,—now, when the knowledge of auscultation has become so general,—he has called to his aid *the positive evidence of physical signs*, leaving no loophole whereby the most skeptical (admitting the truth of the statements) can escape from the conviction that he has actually cured, in succession,* at least six-and-thirty cases of confirmed phthisis pulmonalis, (and God knows how many more,) with consolidation of the whole or greater portion of the upper lobes, in one, two, or three months,—and all by some ten or twenty drops of naphtha, taken thrice daily, in a little water!! This is a feat assuredly 'beyond all Greek, beyond all Roman fame;' beyond all that has been claimed for their panaceas by the quacks of past or present times; beyond all that has been observed by faithful and experienced physicians since the days of Hippocrates; beyond all that the most enthusiastic believers in the remedial powers of art have ever ventured to expect; beyond all that the fondest lovers of their kind have dared to hope or almost to pray for!

"And can we, then, sitting here as capable, honest and unprejudiced judges, lay this precious and flattering unction to our souls, and believe that all this has verily been done; and that we may now, in consequence, confidently expect, with Dr. John Hastings, to cure, by means of this glorious naphtha, every case, or almost every case, of pulmonary consumption, and thus, for the future, save from a premature death one-fifth of the human race? Would that it were so; but, alas, alas, it is not so! All our knowledge of health and disease, all our experience of medical treatment, all our reasoning on the facts of science, all our reflection on the fallaciousness of human testimony, on the imperfection of medical observation, on the sins of partiality and prejudice that so easily beset us, and on the seductions of vanity and self-interest, would lead us, *à priori*, to doubt or disbelieve such a proposition, if stated to us in general terms; and the careful perusal of the work before us has left on our minds the painful certainty that, in the individual case of Dr. John Hastings, we must utterly deny its truth!"

* "Of the thirty-seven cases, all, except four, occurred during the first six months of the present year—viz. four in January, four in February, six in March, eight in April, seven in May, and four in June. We should like to know if any other physician to a *general* dispensary, or even to a dispensary devoted exclusively to pectoral complaints, ever before met with so many cases of *chests dull all over the upper regions*, in the earlier stages of phthisis, in so short a period? We wish Dr. Roe or Dr. Walshe would inform us how many cases of this kind they have seen during the present year, at the Hospital for Consumption. We wish still more earnestly that they and their colleague Dr. Williams would invite Dr. John Hastings to exhibit the Herculean heroism of his naphtha before them at the hospital. We dare say they could find, at least, a few specimens of disease for him, answering—or almost answering—to his stereotyped nosological formula:—'All the superior regions of the chest yielded a dull sound on percussion; the respiratory murmur was scarcely audible, or was *feeble and harsh*, &c.'"

Quackery of the Day.—Second Letter from Timothy Gosling.—Sir: I lose no time in informing you that I have had a most interesting interview with M. Reynard, who arrived in London yesterday, and was so kind as to give me an early audience. The interview was indeed highly gratifying to me, as it enabled me fully to comprehend the merits of Professor Phillpokkett's system, and completely removed from my mind any little remains of skepticism which might still remain there. It was truly delightful to find, that the Professor's theory is extremely simple, and is based upon facts, which are universally recognized by all who are acquainted with the brilliant discoveries of the eminent continental anatomists and physiologists. The brain has been demonstrated by them to be composed of alternate strata, which are precisely analogous, or rather identical, with the plates which compose the voltaic battery, the nerves being, of course, the conductors by which the electric circuit is formed. Now the grand discovery of the Professor is the mode by which this cerebral battery is to be exerted, and how, at the pleasure of the operator, the positive and negative, or, to speak more correctly, the polarized and the depolarized states, may be produced and transmitted to the various organs separately and individually. The Professor did me the honour to explain to me the whole affair, and exhibited to me his apparatus, which is equally remarkable for its simplicity and for its powerful effect. But it was with a strict injunction of secresy; and this was done, not from the sordid wish to monopolize any pecuniary benefit which

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may be derived from the discovery, but because he has ample proof that it would be extremely dangerous to trust the process in any hands but those who are thoroughly skilled in the management of the apparatus. He related a case, in confirmation of this position, which occurred in the city only two days ago. A man of the name of Jeremiah Bouby, a weaver in Spitalfields, who had, for many years, maintained his family very comfortably by his earnings, was, unfortunately, induced to attend a meeting of the anti-corn-law league, and learning from one of the orators that his wages were too low, he refused to work until they should be raised. This, however, his master refused to do; and poor Jerry and his family were all starving for want of food, when an ignorant quack in his neighbourhood, who had, by some chance, got possession of the apparatus, but not knowing how to use it, applied it in the wrong direction, and, of course, produced the directly contrary effect to what was intended. Jerry's stomach was highly polarized, and thrown into a state of the most acute excitement, so that a degree of bulimia was necessarily induced of such extreme violence, that it was with the utmost difficulty, and only by the assistance of a policeman, who luckily was in the neighbourhood, that he was prevented from seizing one of his children and cutting him up into chops. He remained for some hours in this horrible state, when it was found absolutely necessary to convey him to a lunatic asylum, when I was informed it was proposed, as a means of at least temporary relief, to put him on the hydropathic plan, taking the precaution of having the abdomen well secured by strong bandages. M. Reynard informed me that two cases, very similar to that of Jerry's, occurred at Puffinburg, where the Professor made known his discovery; so that he considers himself bound, by every motive of honour and philanthropy, to prevent his apparatus from being employed, except under his own immediate inspection, or by those who have been instructed by himself. The sole management of the process in this country is, of course, entrusted to M. Reynard, and the office of introducing the patients to M. Reynard is, for the present, conferred on myself. It has frequently been observed in the progress of science, that grand discoveries are contemporary; and so it has proved in the present instance. While Phillpokkett was thus acquiring this wonderful power over the action of the stomach, Dr Focks, Professor of Chemistry in the same University, has been applying his extraordinary talents to the analysis of some of the principal articles of food, and has been eminently successful in his results. He has already discovered the distinct existence of panine, the specific principle of bread, that in which its nutritive power resides, and which he finds, as might have been anticipated, to constitute only a small proportion of the whole mass: he has not yet quite ascertained the precise ratio, but he has found it to be not more than 49 parts in 1000. He has also discovered vitaline and agnine, the specific principles of veal and lamb respectively, and he has made progress in the analysis of beef and mutton; but, in consequence of the more powerful attraction between their atoms, he has not yet been able to obtain bovine and ovine in their perfectly pure state.

Your intelligent readers will readily perceive the immense benefits that must be conferred on society by these grand discoveries, and the farther discoveries to which they cannot but lead. And I may here intimate to you, that the Professor has lately entered upon a train of experiments, still more curious and important than those on the stomach, in which, by the application of a modified apparatus to a certain organ of the body, he feels confident that he shall be able to produce an effectual remedy for the evils so strongly painted by Malthus and McCulloch, and which have hitherto entirely baffled all our most eminent moralists and political economists. The most fruitful source of vice and misery will now be effectually nipped in the bud; but of this, more hereafter.

I must now close this perhaps too long letter, by informing you that I have engaged spacious apartments, for the reception of those ladies and gentlemen who are desirous of seeing M. Reynard, at No. 1 Folly Lane; a situation which I have chosen as being more central than my former residence, and also, as being in the neighbourhood of some of the most distinguished inns of court.

I am, sir, your most obedient servant,

TIMOTHY GOSLING.

N. B. The usual fee will be expected.

[*London Med. Gaz.*, March, 1843.

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MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Society of Delaware.—This society has published an excellent report, assigning reasons why it should surrender its charter to the General Assembly.

The society by its charter has the power of interdicting the practice of medicine within the State, to incompetent persons, by imposing a penalty of fifty dollars upon any one practising without the license of the society.

"The object of the General Assembly," says the report, "in conferring this power on the Medical Society, as appears from the preamble of the act of 1819, was, not to promote the interests of the medical profession, but, avowedly, to protect the people of the State from the evils of empiricism; an object which could in no way be better effected than by compelling persons desirous of practising medicine, to submit their pretensions and approve their qualifications before a board of professional examiners best fitted to decide upon them.

"With the power thus conferred upon it, the Medical Society assumed a very great responsibility, becoming, at least in the moral view, answerable for any evils of ignorance and incompetency which might occur in the medical practice of the State."

In 1835, the Assembly passed a singular supplementary act, making it lawful for any person to practise medicine without a license, and to receive "any fee or reward therefor, *which might be voluntarily, freely, and gratuitously tendered or given*" to him; but, at the same time, "providing that no such person should have the right to demand or sue for pay."

In 1839, the Assembly repealed the law prohibiting persons practising medicine for pay without license, so far as related to "persons practising on the *Thomsonian* or *Botanical system*, exclusively;" and such persons are by special provision in the act, authorized "to sue for and recover fees." By a farther act, entitled "*An act for the relief of Homœopathic Physicians*," passed January 27, 1843, the same exemption from taking out a license, and the same authority to sue for and recover fees, are accorded to "practitioners on the Homœopathic system exclusively."

"By these two acts," (we quote the report) "it is undeniable that the General Assembly of Delaware have revoked, in every essential feature, the power of the Medical Society to protect the people of the State from the evils of empiricism. It continues the censorship; but it excludes from censure two classes by far the most numerous of empirical practitioners in the United States; and while, by these special acts of partiality, it elevates the two classes into a particular dignity, because into an exemption from laws which apply to regular physicians, and to all the petty classes of empirics who have not yet found favour with the General Assembly, it leaves the Medical Society the appearance of a power which it does not possess, along with the substance of a responsibility, which, in the judgment of your committee, the people of Delaware will generally believe to attach to the society so long as it continues its corporate existence."

There is much truth and force in the following observations:

"Your committee do not regard them [the acts of 1839 and 1843] as surprising, since they are in conformity with the spirit of the age, of which a leading characteristic is a great reverence for education, in theory and profession, coupled with a real practical disregard of its highest interests and advantages. In fact, it is an age in which ignorance enters into direct competition with learning and wisdom; and its rapacious eagerness to achieve the emoluments, if not the honours, of education, without the pains of acquisition, is encouraged by the facility with which the multitude allow its claim, and the readiness with which grave legislators remove, one after another, the legal barriers interposed by their fathers in the way of its unworthy ambition. This agrarian spirit—for agrarian it is—aims particularly at the learned professions. In at least one State of this Union, we have seen the practice of the law thrown open to all persons, without distinction, and the courts converted into arenas, in which men destitute of any legal knowledge may, if they think fit, contend with profound jurists. Medicine has suffered still more: in nearly every State, legal disabilities have been abolished; the most grossly incompetent persons are admitted to the performance of offices in which the responsibilities are of life and death; and there are not wanting numerous individuals, even among the intelligent classes, to whom such medical adventurers, and their

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panaceal nostrums, are more acceptable than the counsels of the best educated physicians."

Under such circumstances, it is recommended to the society, to surrender its charter; and this course is a truly dignified and proper one. The members of this society seem determined to uphold the dignity and character of our noble profession; and they deserve and will receive the respect of all honourable men.

—

Stearine.—Common lard, in modern times, passes through such a variety of transformations in the hands of foreign and domestic manufacturers, that it is quite difficult to decide, always, whether we have a new article, with an old name, or an old acquaintance with a fresh one just coined from a Greek lexicon. It goes out to France in barrels, packed at Cincinnati, and comes back in Florence flasks, the purest of olive oil; or, returning from London, nicely labelled in China boxes, it is bear's grease, fresh from the ursa major regions of inhospitable Russia. In Boston it undergoes a variety of scientific squeezings; and when the press is unlocked, the purchaser may have almost any thing he calls for; viz., *stearine*, for frying cakes, or shortening for pies, deprived of all its oleaginous properties, which unnaturally fattened our forefathers, till they were sleek and slippery. Or, should he prefer spermaceti, there it is—cheaper than it can be extracted from whales. If spindles are to be oiled, or steamboats and locomotives are creaking from friction, nothing has been discovered equal to it for machinery. It is neither too hot nor too cold; is always soft, and yet sufficiently hard. It is fitted for all seasons, like the Irishman's mittens—which were warm and dry when they were wet and cold.

To be serious, however, stearine is announced to be infinitely superior, in culinary economy, to lard as it is ordinarily used. Is it so, or not? This is a question that can be answered better when consumers know more about it. From a slight opportunity for observation, we are justified in saying that stearine is a delicate article; and on account of being deprived of materials that had better be burned than taken into the stomach, it must be preferable to the unmanufactured animal fat. If there is nothing of importance in the looks of a thing, there may be in the taste; and it is certain that stearine does not have that rancid flavour which is a common property of lard after having been packed a few months, unless extraordinary exertions are observed, in this variable climate, to keep it from atmospheric influences. —*Boston Med. & Surg. Jour.*

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Philadelphia Medical Classes.—The number of students this year is unusually large. The class at the University of Pennsylvania exceeds four hundred, and that at Jefferson Medical College reaches nearly three hundred.

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Medical College of Ohio.—It is stated in the *Western Lancet*, that the class in this school numbers one hundred and sixty-seven, and will probably reach one hundred and eighty.

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Harvard University, Boston.—The medical class in this school, the present season, is, we learn, the largest that has ever assembled there. Nearly one hundred and forty have already entered, and the number will doubtless exceed this.

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Willoughby University of Lake Erie.—This institution has been reorganized, with the following faculty:—Amasa Trowbridge, M. D., Prof. Surgery; James Quackenboss, M. D., Prof. Gen. and Special Anat. and Phys.; R. H. Paddock, M. D., Prof. Chem. Pharm. and Mat. Med.; John Butterfield, M. D., Prof. of Theory and Practice of Physic and Physical Signs of Disease; Hosmer Graham, M. D., Prof. Obstetrics and Diseases of Women and Children.

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Cleveland Medical College.—A new medical school has recently been organized at Cleveland, Ohio.

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Cortland Medical and Surgical Association.—The following officers have recently been elected:—A. B. Shipman, President; Lewis Riggs, Lewis H. Kelly, Vice Presidents; Ashbel Patterson, Recording Secretary; H. O. Jewett, Corresponding Secretary; H. Van Dusen, Wm. J. Willson, A. Cooke, J. A. Shipman, Joel R. Carpenter, ——— Chapman, Wm. H. Knapp, Curators.

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University of Maryland.—Dr. R. S. Steuart has resigned his chair of Theory and Practice of Medicine.

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FOREIGN INTELLIGENCE.

Action of Gastric Juice on Calculi.—M. Millot, a student of medicine, addressed recently (October 9) a letter to the French Academy of Sciences, announcing his discovery of the gastric juice being a solvent for calculi in the bladder.

M. M. is rather late in his announcement. It has been long known that the gastric liquor had the power of dissolving certain kinds of urinary calculi out of the body; and the late Professor Dorsey, of Philadelphia, in his inaugural thesis published in 1802, detailed some experiments which prove that this fluid may be safely injected into the bladder, and that portions of calculus are evacuated after such operations. It operates so slowly, however, that it is probable that the accretion progresses almost as fast as the solution, so that little is gained.

—

Extirpation of Ovaria.—Mr. Walne has published, in the *London Medical Gazette*, for October, a report of the third case in which he has successfully extirpated a diseased ovaria by the large section. The tumour weighed twenty-eight pounds.

In the *Medical Times*, for October 7, Mr. Clay gives an account of his seventh case of peritoneal section for removal of diseased ovaria. The tumour weighed twenty-nine pounds fourteen ounces. The patient recovered.

—

Association of Medical Officers of Hospitals for the Insane.—This is the title of an association, formed in England in 1841, and which consists of the medical officers of public insane hospitals of Great Britain as *ordinary* members, and of such medical gentlemen having the private care of the insane; of such persons not medical, known to take an interest in those afflicted with insanity; and of such distinguished foreigners, as the society shall at any time think proper to elect, as *honorary* members.

The intentions and objects with which the association set out were—

1. "To improve the management of lunatic asylums."

2. "To improve the management of the insane."

3. "To acquire a more extensive and a more correct knowledge of insanity."

To effect these objects, the members of the Association meet, annually, at some town or place in which there is a public lunatic asylum. They solicit the permission of the governors or visitors to visit the asylum, and to *inspect* it thoroughly, and afterwards to assemble in the committee-room of the asylum, to speak freely, openly, and in good faith, upon the merits or defects they may have observed in the management of the asylum or in the treatment of the patients. On the same occasion, such members as think proper read essays or papers on subjects connected with insanity; and all communicate and compare their respective experience. At these meetings, the governors or visitors are respectfully requested to attend.

The more effectually to compare their respective experience, the Association has adopted a register for the use of its members, whereby the leading features in the history and character of every case, placed under the care of each member, may be *uniformly* recorded. By this a great mass of similar facts will be simultaneously collected in all parts of the kingdom, and at the same time so arranged as to show a record of insanity, not as presented to one lunatic asylum, but as occurring throughout the kingdom.

The Association is collecting plans of all the asylums at present erected, and copies of such designs as from time to time may be projected. It collects also the printed reports and other published documents of different asylums.—*London Med. Gaz.*

—

Strangulation by the Umbilical Cord.—Dr. Eickhorn was called juridically to examine the body of a full grown male child, the offspring of parents in easy circumstances, which had died almost as soon as it was born, after making two or three incomplete attempts at respiration, in spite of the efforts of the midwife to recall it to life. The umbilical cord was twisted three times round the child's neck, and thence resulted a mark of strangulation two lines wide and one deep. Had this child been born clandestinely, and had died under these circumstances, every medical jurist would have declared it had been alive, and was destroyed by external violence. The case is therefore worthy of notice.—*Med. Times.*

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Modification of the Hydrostatic Bed.—Dr. Ogden, of Sunderland, has used a kind of hydrostatic bed, which he thus describes:—a bed frame is prepared, with feet, sides, and ends, similar to those of ordinary beds.

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At three or four inches within the side-bars two others are placed parallel to them, leaving in the centre an open space, at least, of two feet broad. A sheet of strong canvass is stretched over the whole, and laced with a cord to the ends and external lateral bars, sufficiently slack to allow the part between the two internal bars to be depressed nine inches in the centre, and only two or three inches at each end. In the cavity of this depression is placed a sack of water-tight Macintosh cloth, large enough to allow the introduction of twenty or thirty gallons of water, without producing any tension; it must remain perfectly flaccid. The neck is brought through the foot-board of the bed to the outside, where water is introduced, sufficient being employed to fill the sack to within half or three-fourths of an inch of the level of the bed-frame. The apparatus then presents the appearance of a nearly level surface, consisting of two lateral planes, rigid and tense, and one central plane of the greatest possible softness. A thin mattress from one to two inches thick, is laid upon this, and then the bedclothes are put on, when the bed is ready for use. The advantages of this apparatus Dr. Ogden considers to be, greater facility of ventilation, superior portability, a smaller quantity of water being required, and less expense. There is not any necessity to close the orifice by which water is admitted; it requires simply to be turned upwards and supported with a loose string, to prevent the water from flowing out by the movements of the patient. The water can be discharged from the sack, when requisite, by means of a syphon.—*Lond. Med. Gaz.*, Aug., 1843.

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College of Surgeons.—New Charter.—The Royal College of Surgeons, in London, have recently had a new charter granted to them, with the title of the Royal College of Surgeons of England.

—

Fracture simultaneous with Cancer.—A sempstress admitted into one of the wards of Mr. Chassaignac, at La Charité, for a spontaneous fracture of the humerus, after having been operated upon twice for cancer of the breast, he thereupon mentioned the following two curious cases: 1st. A nucleus of an encephaloid nature, which began in the diplöe, and made its way, in some parts through the internal, and in others, through the external table of the skull. The woman was affected with cancer of the breast, and broke both femurs during a slight effort. 2d. A female patient, labouring under an encephaloid cancer of the stomach, broke an arm in the movement she made to take her pot of tisanne.—*Med. Times.*

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Intermittent Hæmorrhage.—Dr. Bradshaw related to the Reading Pathological Society, (Feb. 14, 1843,) the case of a lady who, for seven years past, had in every February been affected with hæmorrhage from the uterus, accompanied by a tertian ague, in whom, by treating the fever in the ordinary way, the hæmorrhage subsides.—*Prov. Med. Jour.*, Sept. 9, 1843.

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Longevity in Russia.—It is stated in a St. Petersburg Journal, that there died in Russia during the year 1840, 469 persons over 100 years of age; of whom 236 had attained the age of 105, 108 had turned 110, 59 reached 115, 45 were 120, 25 were 125, 4 were 130, and 2 were 145.

—

Sir Charles Bell.—It is stated in the English papers, that this eminent physiologist died in a state of poverty, and that his widow has been lately placed on the pension list by Sir R. Peel, to the amount of 100*l.*

—

Caries of the Acromion Process.—Mr. Fergusson, of King's College, London, recently removed the entire acromion process of the left scapula, for caries. The gouge and cutting pliers were the instruments used. The patient did well.—*Med. Times.*

—

Insane Poor in Ireland.—The government is about to build four large hospitals for the insane poor in Ireland. They are to be on a very large scale.—*Med. Times.*

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Moxson's Magnesian Aperient.—The following formula for this article is given in the Pharmaceutical Journal for October. ℞. Magnes. Sulph., Sodæ Carb. ā ā ℥j. Acid. Tart. ℥ss. M. The ingredients to be separately and well dried.

—

Electrical Apparatus for Medical Purposes.—An apparatus of this kind, devised by MM. Breton, brothers, Paris, is spoken of in *La Lancette Francaise*, in the highest terms of approbation.

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THE

MEDICAL NEWS,

MDCCCXLIV.

VOL. II.

PHILADELPHIA:
LEA AND BLANCHARD.
1844.

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THE MEDICAL NEWS AND LIBRARY.

VOL. II. JANUARY, 1844. No. 13.

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CLINICS.

WILLS HOSPITAL.

Service of Dr. Hays.

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JNO. CURWEN, Resident.

PHILADELPHIA HOSPITAL.

A report of five cases of Cancrum Oris, occurring in the Children's Asylum, attached to the Philadelphia Alms House. Read before the Pathological Society of Philadelphia, Dec. 11, 1843. *By* GEO. N. BURWELL, M. D., *Resident Physician.*

Case 1. William Welch, aged three years, died of cancrum oris, Oct. 21, 1843. He had had diarrhœa for a year, and was consequently greatly emaciated and very feeble. The last three months, had but little medical treatment; great attention however was paid to nursing him.

The cancrum oris commenced about October 1, but supposing it to be a sore mouth

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, or Five Dollars and include The American Medical Journal. See Prospectus in full on Number Twelve.

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merely, I directed a wash of borax and Tr. myrrh. He had used this but four or five days, when I became sick, and did not see him for a week.

Oct. 17, when I next saw him, the disease had advanced considerably, and many of the teeth were out. The physician who had had him in charge touched the gums two or three times with lunar caustic, which not appearing to arrest the disease, I used the sulphate of copper, first in crystal and afterwards a solution of it in honey, fifteen grains to the ounce. The disease was then extending up the alveolar processes of the upper jaw, separating entirely the central attachments of the upper lip. Having thus established a communication between the mouth and the nostrils behind the gums, mortification commenced in the columnæ and alæ nasi, extending principally to the upper lip, and also to the tip of the nose and the cheeks. Great tumefaction of the lip preceded this, and the odour was almost insupportable without the constant and free use of the solution of the chloride of soda. On the 21st he died. I attempted to give him tonics and stimulants, but they increased the derangement of his bowels. For the last two or three days he was exceedingly fretful, and refused nearly all kinds of nourishment.

Case 2. James Patten, aged three years, died of cancrum oris, Oct. 24, 1843. Had been in the Infirmary about six weeks with diarrhœa, was emaciated and of an exceedingly delicate appearance; the diarrhœa had proved obstinate, was complicated with more or less fever every day, thirst, anorexia, and also with prolapsus ani. The cancrum oris commenced a day or two later than in the above case. In other respects they were precisely similar. The gums bled easily, were spongy, and separated from the teeth by a line of white matter coming from the linear ulceration of the gums at the place they had been attached to the teeth. There was the same black appearance of the neck of the teeth which gradually extended up their fangs and thence to the alveolar processes, followed by great swelling of the lip, and a communication between the mouth and nostrils, a sanious very fetid discharge from the nostrils, and mortification commencing in exactly the same place, and death.

No post-mortem was made in either of these cases, their mothers being present when they died, and attending personally to their burial.

Case 3. Charles Palmer, aged two years and seven months. Has had chronic hydrocephalus almost from birth, and several times at the point of death. He has a peculiar dull, sad countenance, so characteristic of cerebral disease—never been able to walk alone. His gums (of both jaws) have been in a bad condition for a year, and at this time, Oct. 26, are getting worse; they bleed much, the teeth are loose, with the black appearance about their necks, gums ulcerated where they were attached to the teeth, breath very fetid.

The treatment consisted in the extraction of the incisor teeth of both jaws, and the application to the gums once a day of the Tr. ferri chloridi. Internally he took half a grain of the sulph. quinia in solution three times a day for ten days, and then three drops of the iodide of iron three times a day in two teaspoonfuls of the syrup of sarsaparilla; had also warm salt baths three times a week. No diarrhœa or other derangement of the bowels supervened.

Nov. 11. The gums have entirely healed over and appear sound and healthy—discharged cured.

Case 4. John Young, aged three years and six months, was brought into the infirmary about the middle of October, from the nursery attached to the asylum. Had been noted there for his dulness, never entering into the plays of the other children, but would sit nearly all the time in his little rocking-chair with his head leaning on his arm, without noticing any body or any thing, and crying if disturbed. His appetite was only moderately good, bowels regular, skin sallow, eyes inexpressive and dull. On examination he was found to have cancrum oris, as in the cases already described. The front teeth of the upper jaw were loose, their necks blackened, the gums ulcerated and bleeding on the slightest touch, breath very fetid.

He was directed warm salt baths three times a week, a good diet, and a grain of the sulphate of quinia three times a day; the loose teeth were extracted, and the Tr. ferri chloridi applied to the gums.

After two or three days, finding the ulceration extending, the solid nitrate of silver was applied freely once. In a few days more the alveolar processes began to be exposed. They were perfectly necrosed, including the entire sockets of the teeth. The upper lip then began to swell as in the two

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cases which died, and the breath became still more offensive. His bowels, however, remained in a good condition, and the sulphate of quinia was well borne Nevertheless, the prognosis appeared bad for a few days, until the swelling of the lip began to disappear. All this time the Tr. ferri chloridi was applied freely once a day around and into the sockets of the teeth. A solution of the nitrate of silver, twenty grains to the ounce, was twice applied during the last of the second week of October.

Nov. 14. The saturated solution of the sulphate of copper was applied once, and the next day on touching the blackened bones with the finger, they were found to be loose and immediately afterwards extracted with the forceps. The processes of two teeth came out entire, and a part of a third. The gums immediately closed over the teeth, and united in all except one place, which continued to discharge, suggesting the opinion that a portion of the necrosed bone still remained. This was found to be the case, and the piece removed a week afterwards, when it could be easily got at. The place not yet healing up, search was made for another piece, which was removed in four or five days more, and proved to be the new tooth which was intended to supply the place of the first one. It was loosened from its attachments, and the enamel of its lower end showed signs of necrosis.

Nov. 27. The child's health has greatly improved, he is more fleshy, is lively, plays all day long with the other children, and has lost the name of "the old man in the corner."

Case 5. Joseph Lilly, aged three years and five months, a feeble, delicate child, was sent during the last week of October from the nursery to the infirmary, with a swelled face. The swelling was confined to the left side, and on examination was found to proceed from a number of ulcers occupying the inner side of the cheek, opposite the molar teeth of the lower jaw, the gums not being affected.

There was one ulcer about the size of a half-cent piece, and three or four much smaller ones about it. These all had a hardened base, and were covered with a dirty grayish granular matter or slough. They were not painful, had not the common signs of inflammation, neither was there fever. The child's appetite was moderately good, and its bowels regular.

The solid nitrate of silver was freely applied on two successive days, then followed for three or four days with the Tr. ferri chloridi, and then again the caustic was applied, and was thus used four or five times. It had the disadvantage of destroying the appetite after each application. These were the only local remedies used. The general remedies were as in the other cases, the warm salt bath, and the solution of quinia, half a grain three times a day, and afterwards three drops of the iodide of iron, in two teaspoonfuls of the syrup of sarsaparilla three times a day.

The ulceration was cured about the 10th of November, and all the swelling and induration gone. The iodine was continued ten days longer, when he was finally discharged.

Remarks.—The above cases exhibit two distinct forms of cancrum oris, one attacking primarily the hard or bony structures, and the other the fleshy tissues. I do not remember ever having seen any description of this first variety, except that by Dr. Coates, all the common accounts of the disease referring to the second variety.* I propose therefore to append a few remarks to the cases above given descriptive of this form of the malady.

There are two distinct stages of this variety; the first, as in the case of Palmer, where the teeth alone are attacked, and the second where the disease proceeds to the jaw-bones, as in the cases of Welsh, Patten and Young. Its course seems to be as follows:—There is first a sponginess of the gums, they bleed easily and are everted and separated from the necks of the teeth by a line of whitish matter. Simultaneously with this if not prior to it, a black line is found on the teeth at the place the gums were attached to them—this line is rough, and appears to be a necrosis of the enamel. From this line the disease extends to the roots of the teeth, destroying their attachments with the alveoli, and unless removed by the physician, causing their spontaneous separation from their sockets. From the teeth the affection extends to the alveolar processes, and thence to the body of the bones, being in fact a true necrosis. The upper lip swells greatly, the fleshy tissues all separated from the bones whenever they became diseased, and as in these cases forming a connection between the mouth and the nose under or behind the gums. A thin,

* [Dr. S. Jackson has also described it, in his valuable paper on Gangrenopsis in the *Medical Recorder* for July, 1827.—Ed.]

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sanious, acrid and very fetid fluid discharges from the nose and mouth, and the breath becomes intolerable. Finally, with symptoms of great constitutional irritation, gangrene attacks the gums, lips and alæ nasi, which had previously been detached from the bones. In the cases of Welsh and Patten, the gangrene commenced first in the alæ and columnæ nasi, and thence extended to the surrounding parts, principally to the upper lip, and death supervened before the separation of any portion of the slough, and, what was not here to be expected, before the formation of a line of demarcation.

From the observation of these cases, I am strongly of the opinion that this variety has its principal seat at least in the bones, and that the affection of the soft parts is only secondary. Certain it is, that it was not until the free detachment of the flesh from the upper maxillary bones that the gangrene commenced, while what ulceration there was commenced and had its seat in the soft parts lying next to the bone, and proceeded from thence outwards. Another point worthy of notice is, that this ulceration had not the induration surrounding it which was so marked about the ulceration of the cheek in the fifth case. It would be interesting to ascertain whether the cause of the necrosis was not some affection of the periosteum.

The prognosis in this disease is always grave, and when supervening upon a chronic and still existing diarrhœa, it is most particularly so. It has been seen that both of the cases died where this complication existed, and had the diarrhœa supervened in either of the other cases, so as to have forbidden the use of the sulphate of quinia, they also would probably have died.

Other things being equal the prognosis is much less grave in the first stage than in the second. If the teeth be extracted early, before the disease has extended to the alveoli, and the child bears the exhibition of tonics, the affection will probably be easily arrested. This is shown in the third case. But if the alveoli are once attacked, and the upper lip begins to swell, the life of the child is in imminent danger, and if cured, the case must necessarily be tedious, for you have to wait for the separation of the necrosed portions of bone and their removal. In the three cases where the disease advanced thus far two died, and one, the fourth case, recovered with the detachment of the alveolar processes and the loss of one of the second set of teeth.

The liability of the disease, in this epidemic at least, to attack the upper teeth is to be remarked. In one case only were those of the lower jaw affected.

The treatment is well settled—the *early extraction* of the teeth, and the use of astringent washes as local remedies, and the exhibition of the sulphate of quinia, followed by some of the preparations of iodine, with mild laxatives occasionally, as the aromatic syrup of rhubarb, a good diet and the use of warm salt baths. Great care ought to be taken that the bowels be kept in a good condition, and especially to guard against the occurrence of diarrhœa.

Of the local applications, I was very well satisfied with the Tr. ferri chloridi; it acted admirably whenever applied.

The use of the sulphate of copper in crystal, or of the solid nitrate of silver after the disease has proceeded to the alveolar processes, can be of no advantage, from the impossibility of applying them effectually.

U. S. NAVAL HOSPITAL, BROOKLYN, N. Y.

W. S. W. Ruschenberger, M. D., Surgeon. Silas Holmes, M. D., Assistant Surgeon.

Admissions during the month of October, 1843.—Continued fever, 1; Intermittent do. 2; Remittent do. 1; Chronic rheumatism, 1; Acute rheumatism, 2; Aphonia, 1; Inguinal hernia, right side, 1; Varicocele, 1; Hydrocele, 1; Fistula in ano, 1; Erysipelas, 1; Ophthalmia, 2; Neurosis, 1; Caries of humerus, following amputation, 1; Syphilis (eruption and sore throat), 3; Do. chancre, 3; Do. bubo, 4; Ulcer of leg, 3—Total, 30.

Discharged for duty.—Stricture, 1; Fistula in ano, 1; Remittent fever, 2; Dysentery, 1; Rheumatism, 1; Chancre, 2; Aphonia, 1.

Discharged from naval service by their own request.—Erysipelas, 1; Variococele, 1; Ulcer, 1—Total 12.

Admissions during November, 1843.—Continued fever, 2; Remittent do. 2; Intermittent 1; Functional affection of the heart, 1; Phthisis, 2; Acute rheumatism, 5; Bronchitis, 1; Scabies, 1: Syphilis (eruption and sore throat) 1; Do. chancre, 5; Do. bubo, 1; Stricture 2; Fracture of ribs, 1; Penetrating wound of eyeball, 1; Ophthalmia, 3; Ulcer of leg, 5—Total, 34.

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Discharged for duty.—Remittent fever, 1; Intermittent, 1; Bronchitis, 1; Scabies, 1; Syphilis (chancre and bubo), 1; Stricture, 1.

Discharged from naval service by their own request, relieved.—Ulcer of leg, 3; Paralysis, 1—Total, 10.

Died, (Enteritis) 1.

MEDICAL EDUCATION AND INSTITUTIONS.

Medical Service in the Navy. No. 5.

We have already described the nature of the examination to which candidates for admission into the navy as assistant surgeons are subjected; it will be perceived that a very ignorant man cannot, by any chance, obtain a commission, if the board honestly discharges its duty to the government and to society. What is the value of a commission which requires so much knowledge to obtain?

The money-value (the standard by which almost every thing is measured by a commercial people) of an assistant surgeon's commission in the navy is as follows:

When employed in the United States, at a shore station, in a hospital or navy yard, the annual salary is $950:

When employed in a vessel of war, in sea service, $1023: and

When "waiting orders," or on "leave of absence," $650.

The terms "waiting orders" and "leave of absence," in fact are synonymous; in both cases the individual is not permitted to change his residence without the knowledge of the Secretary of the Navy, and is expected to be constantly in readiness for duty, either ashore or afloat, so that he is effectually debarred from engaging in any pursuit likely to result in pecuniary advantage.

It must be constantly borne in mind, there are no perquisites of any kind whatever, and the salaries above stated include rations and all that an assistant surgeon in the navy can receive from the government under any circumstances, except an allowance of ten cents per mile when travelling under orders by land, where a government conveyance is not provided.

To correctly appreciate the value of these salaries, we must consider what expenditures are required, and the average salary for five years, the period which assistant surgeons serve before they are advanced to another grade.

The expense of food, commonly called the "mess-bill," and the cost of uniform clothes, besides an extra quantity of "linen," are the heaviest items of expense. Apparel of all kinds is required in larger quantity, and, from exposure on board ship, is less durable than in civil life, and for this reason requires to be more frequently renewed. The outfit of an assistant surgeon, including as it does sword and fixtures, cocked-hat, full and undress coats, vests and pantaloons, two or three dozen shirts, &c., will cost not much less than three hundred dollars to begin with, and perhaps a hundred dollars or more a year will not be too large an estimate to keep it in order, to supply loss and wear and tear. After paying his personal expenses there is very little left for books, or "to invest" for profit. In a word, the pay and emoluments are barely enough to support an unmarried man in the position which an assistant surgeon in the navy is expected and ought to occupy; and if there be a wife and family also to provide for from the same source, even the most exact economy will not save the officer from debt, the most harassing of all the ordinary annoyances of life to an honourable mind.

"Taking the ordinary run of service for five years, sea and shore duty, and a short leave of absence (after a three year's absence from home) the average annual pay of an assistant surgeon will be about $930, but no more."*

Perhaps the average age at which assistant surgeons commence their career in the navy is twenty-three, consequently, the average age at which they become eligible for examination for promotion is twenty-eight, so that the flower of life is spent, with five years arduous labour, exposed to every variety of climate, to the vicissitudes of sea-life, and its privations, to say nothing of long separation from family and friends, and the reward is only food and raiment for the time. But, it may be said, "Surely the prospect is better after the second examination?" We will state the case, and let every one draw his own conclusions.

At the expiration of five years, according to the present law, assistant surgeons are eligible to examination, and if it suit the convenience of the Navy Department, they are examined. But it often happens that the second examination is not had till the end of six or even seven years. The second

* Medical Examiner, p. 92—April, 1843.

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examination, which is for promotion, is not less scrutinizing than the first, and to pass it creditably the candidate must have been daily studious and observing under many disadvantages, during the whole period of his service: and what is germane to our subject, he must have spent some money for medical books. If found qualified for promotion, he becomes a "passed assistant surgeon," and his pay is increased, but his duties remain the same. Passed assistant surgeons receive annually, when on leave of absence or waiting orders, $850; when employed in a hospital or navy yard, $1150; and when at sea, $1273, all allowances and perquisites included. In this grade they remain three or four years longer, on an average, before they are promoted to be surgeons.

At the age say of thirty to thirty-five years the medical officer becomes a surgeon in the navy, and receives an annual pay of $1000 on leave of absence, $1250 when employed on shore, and $1406 when at sea. And this is his whole pay and emolument for five long years, at the expiration of which it is again increased, to $1200 on leave, $1500 on shore duty, and $1673 at sea. At the end of every five years the pay is increased in the same ratio until the surgeon's commission is upwards of twenty years old, the surgeon himself has served twenty-eight or thirty years, and the man has more than fifty winters on his head. Then he has reached the highest pay, which is, on leave $1800, on shore duty $2250, and if at sea as surgeon of the fleet $2773, for the time he is so employed. And to crown all, should he be so fortunate as to be selected as the chief of the Bureau of Medicine and Surgery, he can reside at Washington and receive $2500 a year while working very hard, and bearing no little unpleasant criticism, perhaps.

Is it possible that the profession of medicine is so lowly appreciated in the United States, that highly qualified physicians cannot do better than pass their lives labouring for so little? Such *seems* to be the truth, though we are not prepared to admit that a well educated practitioner cannot make, at the end of twenty years, much more annually than his services command, either in the navy or army. Were it not from necessity, the fact that the profession of medicine, like every other but perhaps in a greater degree, requires a money-capital besides professional ability to be profitable, it is questionable whether there would be a well educated physician either in the navy or army.

The situation of a surgeon in the navy, except in some rare instances, is no sinecure, as may be readily understood from the simple fact, that the average sick in ships of war is six per cent. of the crew. There are four naval hospitals in which the average number of sick is one hundred. At two of these hospitals the surgeon receives $2250, at the third, the surgeon's pay is $2000, and at the fourth $1750, their respective salaries depending upon the age of their commission as surgeon. May we not ask whether $1750 per annum, or $2000, or $2250, is a compensation for managing a hospital and daily prescribing for a hundred patients, writing journals and reports, (any one of which reports a lawyer would not write for a less fee than ten dollars,) besides performing surgical operations as occasion may require! No professional man will answer, yes! And yet the government expects all this work to be well and creditably done, and pay no more! But this same government is more generous to its other servants, as we shall see when we come to contrast the salaries paid to other classes in the navy.

Before taking leave for the present, we will remark, that the number of medical officers now in the navy is not enough to discharge the duty required; the consequence is, that the individuals composing the medical corps have scarcely any relaxation from constant duty; and we need not tell the profession that the wear and tear of body and mind is not inconsiderable when a large practice demands constant attention. The number of medical officers in the navy ought to be doubled.

Besides the inadequacy of the pay to the service performed, there are some other considerations which very much lessen the value of a medical commission in the navy; but these we shall reserve for the next number.

Since the above was written, we see that the Secretary of the Navy, in his annual message, has recommended congress to assign an assimilated rank to medical officers in the navy, similar to that held by medical officers in the army. Whether congress will act upon this very proper recommendation, remains to be seen.

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MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Influenza.—This epidemic has been very extensively prevalent in Philadelphia during the past month.

Its character was different from that of the preceding spring, (see No. for July last, p. 86,) being less threatening in its outset, more protracted in its course, and much less promptly influenced by remedies.

In many cases the disease has presented the ordinary phenomena of catarrh; but in no small proportion the attack was severe, and attended with much febrile action. The fever was in some cases intermittent; commencing with slight chilliness, increasing occasionally to marked rigors, and continuing for five or six hours, followed by fever of equal duration and terminating by perspiration. Thus the paroxysm often commenced in the evening, continued until bed-time, when the fever came on, and which lasted until near daybreak, accompanied with distressing insomnia. There was in these cases very severe pain in the eyes, extending sometimes over the head; great soreness of the skin, and severe pains in the bones. The catarrhal symptoms were often slight in the beginning, but by the third or fourth day they sometimes acquired considerable severity and severe bronchitis was established with very profuse muco-purulent expectoration.

The disease in mild cases ran its course in five or six days, but in the more severe it was protracted to two or three weeks, and even then left a chronic cough.

In a few cases the detraction of blood was required, and in those in which we resorted to it, was well borne; but we are told by some of our friends that in other instances this was not the case. The pains in the eyes and head were generally relieved by smart purging. The febrile paroxysm was moderated by small doses of neutral mixture; the cough allayed by opiates alone or combined with expectorants, of which the best was the ipecacuanha in some form, and advantage was also sometimes derived from some counter-irritation over the chest or a warm poultice. Perseverance in these measures, with a restricted diet, and drinking freely diluent and warm drinks, conducted the case to a favourable termination.

FOREIGN INTELLIGENCE.

Galvanoplasty applied to the preservation of animal bodies.—Dr. Somme, of Antwerp, communicated to the Royal Academy of Sciences of Brussels, July 8th last, a new means of preserving bodies, which he asserts to be superior to any known means of embalment. It consists in covering the object with a very thin layer of metal, as copper, silver or gold, by a galvanic process. The form of the body, the smallest fold of the skin, the features, are all represented. Some anatomical preparations made by M. Michiels, of Antwerp, were exhibited to the society.—*La Lancette Française from Bull. de l'Acad. des Sci. de Bruxelles.*

Supernumerary mammæ in the axillæ.—Mr. Dixon records the following example of this:—"Mrs. H., aged 44, the mother of eight children, having informed me that she had lumps under her arms which gave milk, I obtained leave to inspect them, and found, in the centre of each axilla, a tumour of about the size of an egg, that on the right side being somewhat larger than that on the left. Each tumour had the feel of a mammary gland over the surface, and was raised from one and a half to two lines. Above it were irregularly-distributed small prominences, from each of which, when compressed, there issued milk. There did not exist any areola. She first noticed them after the birth of her second child, and attributed their origin to having caught cold. When she became pregnant with each succeeding child she found that the tumours increased in size in proportion to the development of the true mammæ, and maintained the same dimensions during lactation, after which they again subsided to their original bulk, viz., that of walnuts. When the draught comes into the true breasts it does so also into these axillary tumours, and then the latter become distended, and milk issues from each little papilla, which is furnished with a single orifice for its escape."—*Lancet*, Sept. 9, 1843.

Leech in the nasal fossa.—A soldier who had been serving in the French army in Africa, on returning to France became subject to intolerable headache with frequent epistaxis. This continued for some time, and the nose was always full of large clots of blood. At length, one day on blowing his nose with more than ordinary force, a

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clot of considerable length was half expelled through one of the nostrils, and afterwards wholly removed by the fingers. It proved to be a leech of large size, gorged with blood. From the time of its removal the previous symptoms disappeared. The man recollected that he had one day in Africa drunk of a rivulet in which some leeches had been seen; and doubtless at this time a small leech had entered his mouth, and made its habitation in the nasal fossa, as nearly from the same period the patient dated the commencement of his headache and other symptoms.—*Gaz. des Hôpitaux*, Jan. 17.

Statistics of amputations.—On 31 amputations performed by M. Jobert de Lamballe, at St. Louis, this skilful surgeon only lost 7 patients. Of this number, 11 were amputations of the thigh, 5 deaths; 6 of the leg, 2 deaths; 4 partial amputations of the foot; 3 of the arm; 3 of the forearm; 3 amputations of the shoulder joint; and 1 resection of the olecranon. The amputations of the fingers were numerous, and invariably successful, though Professor Velpeau says the deaths are 1 in 3 or 4 patients, and considers it as dangerous, as that of amputation of the arm. The result offered by the foregoing table is far more favourable than that presented by M. Malgaigne, who says that in amputation of the thigh, two-thirds of the patients die, and in that of the leg, one half. On 9 cases of amputation at the shoulder joint, M. Jobert de Lamballe lost only 2 patients.

The complications were frequent; the most to be feared, were hospital gangrene and erysipelas. In mild cases of the former, the wound was cauterized with the nitrate acid of mercury, or dressed with lint steeped in lemon-juice; in 7 cases, actual cautery was needed. In cases of the latter, as soon as the least redness appeared, the part was covered with simple ointment containing a few grains of nitrate of silver.

The method employed by M. Jobert de Lamballe in operating, is the flap operation; because, he says, it is performed more speedily, and with less pain to the patient. In the amputation of the leg (which he performs, if possible, just above the ancle) the posterior flap is the larger, the anterior descending only 2½ centimetres below the bone; by this method of operating, the cicatrix is situated on the anterior part of the leg, and the bones find under them a thick cushion formed by the posterior flap. All the above-mentioned amputations of the leg were performed after this plan, and the number of deaths seems to prove, that it is less dangerous than that performed in the ordinary place. The flaps are held together by means of pins and the twisted suture; and the different fluids flow freely out between the pins and at the lower part of the wound. After an interval of a few days, the pins are removed, and the wound kept united by strips of sticking plaster. Sometimes the inflammation created by the pins may threaten to destroy the parts kept in contact by the twisted suture; in such cases the pins must be removed, and it is rarely followed by any inconvenience, the adhesion being nearly formed. All the arteries, even the smallest, ought to be tied. The wound must be dressed the day after the operation, and after that the stump must be covered with cloths dipped in a cold decoction of the malva sylvestris.—*Medical Times*, Aug. 26, 1843.

Improved adhesive plaster.—M. Mille, a pharmaceutist of Bourges, extols as forming the best adhesive plaster a mixture of the "emplatre diachylum gomme" of the French codex, with a solution of caoutchouc in turpentine, in the proportion of 500 parts of the former to 20 of the latter.—*Journ. des Connais. Med.*, July, 1843.

Anisodus lucidus of Linck.—This plant, which is a native of Nepaul, Dr. Lejeune states possesses greater power of dilating the pupil than the belladonna; in fact dilating the pupil to such an extent as to produce temporary blindness, which however ceases soon after its application is discontinued.—*Gaz. des Hôpitaux*, Aug. 22, 1843.

Middlesex Hospital—resignation of Dr. Watson.—The private practice of Dr. Thos. Watson no longer permitting him conscientiously to occupy the post of physician to the Middlesex Hospital, his retirement from that institution has been formally notified.—*Lancet.*

Subscribers will please note that,—the *first* Lecture of Professor Watson ends on page 8, and that the second commences on page 17. This error of the printer has occasioned many inquiries. There is no omission of a Lecture, as has been supposed.

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THE

MEDICAL NEWS

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VOL. II. FEBRUARY, 1844. No. 14.

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CLINICS.

PENNSYLVANIA HOSPITAL.

Service of Dr. Hodge.

Reports of two cases of Puerperal Peritonitis, which occurred in the Lying-in Wards of the Pennsylvania Hospital, in the spring of 1843. *By* F. W. SARGENT, M. D., *Resident Physician.*

Attached to the Pennsylvania Hospital is a lying-in department, in which about fifty women are delivered annually. The wards devoted to this purpose occupy a building entirely distinct, and at a distance, from the other wards of the Hospital. They are quite spacious and airy.

Almost every year, cases of puerperal fever occur here, varying very much in severity and kind of symptoms, and amenability to treatment. As an illustration of this, and to exhibit the mode of treatment found most efficacious, the following cases are published. They occurred during the attendance of Dr. Hodge.

1. Elizabeth Smith, a young woman of a nervous temperament, was confined with her first child, on Wednesday, April 12th, 1843. During the two or three weeks after her admission and previous to her confinement, her health had been very good.

Labour pains came on on Tuesday evening, and on Wednesday at 6 o'clock, A. M., she was delivered of a healthy boy of about the ordinary size. Her labour was not at all tedious nor difficult.

She appeared to be doing very well until

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent GRATUITOUSLY *to all subscribers to the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on Number Twelve.*

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Thursday evening, when she felt a little uneasy, had some headache, a slight acceleration of pulse, &c., to relieve which, a dose of castor oil was administered.

About 2 o'clock, Friday morning, she was seized with a violent pain extending suddenly from the back around to the groins; the pain continued at intervals until half-past 4 o'clock, when she presented the following symptoms: The abdomen was somewhat distended, and yielded a resonant sound on percussion, and was slightly painful on pressure at its lower part, just above the pubis; but she moved her limbs freely, could take a prolonged inspiration, and cough, without any increase of uneasiness. The pain was intermittent and of a griping character; she had some little nausea; her tongue was slightly furred; the pulse was about 100, quick and soft.

Under the impression that these apparently trifling symptoms were owing to some gastro-intestinal irritation produced by the oil which she had taken, a large, hot, flaxseed poultice was placed upon the abdomen, and an enema of mucilage was directed.

On visiting the patient at 10 o'clock, on Friday morning, with Dr. Hodge, we found that the pulse was about 115, possessing some degree of resistance; the abdomen was moderately distended with flatus; the pain developed by pressing upon the abdomen was rather more diffused, extending up towards the stomach, though most marked just above the pubis; a deep inspiration increased the pain, but motion of the limbs and of the body did not produce the same effect. Her bowels had been moved twice freely since evening. The lochia still continued, and the secretion from the breasts had begun to be established, though as yet it was very scanty. The skin was warm and moist, the tongue furred; no headache. The patient acknowledged, for the first time, that on the previous evening she had felt a slight chilliness creeping over, but that it was so slight as almost to have escaped her recollection.

She was bled ℥xij, when the pulse became very weak, and a condition approaching to syncope was induced. Ordered—℞. Hydrarg. chlor. mit. gr. x., pulv. opii. gr. j. M. ft. pulv. Continue poultice.

Small portions of barley-water were allowed her as a drink, and to induce a freer secretion of milk, the child was put to the breast every three hours.

In the evening, the symptoms had somewhat ameliorated; the abdomen appeared to be less tender upon pressure, and when she took deep inspirations; the bowels had been moved, and the urine voided freely; the pulse was very soft, but more frequent, (128); the skin moist; secretion of milk rather more free; lochia as before; respiration easy; countenance less anxious; she complained of some headache and nausea, with acidity of stomach.

A mucilage enema was ordered, and an antacid mixture p. r. n. Diet—gruel, &c.

Saturday morning: she felt more comfortable, having slept several hours during the night; secretion of milk a little more abundant, though not as much so as we had hoped for; tenderness of abdomen developed only by firm pressure at its lower part towards the right side. Pulse as before.

In the evening, she complained of feeling more uneasy than in the morning; pressure upon the abdomen gave rise to more pain, yet this was not increased by motion of the limbs, or by turning from side to side, or by the weight of a large poultice; the pulse beat 124, was soft but quick; countenance composed.

V. S. ad ℥xiij. ℞.—Calomel gr. ij., p. opii. gr. ¼. M. ft. pil. q. h. s. ℞.—Empl. vesicæ 5 × 8 upon the abdomen, between the umbilicus and pubis.

Sunday morning. She felt much better, having slept a great part of the night; she had been awakened two or three times by an uneasy feeling in the stomach and bowels, and had two large and watery passages from the rectum. No headache; skin cool; entire freedom from pain; the finger could be passed into the vagina, and the uterus moved about upon it without producing any suffering; the os uteri was patulous; lochia continued, but less abundant than before; secretion of mammæ diminished, only a few drops of a dark, oleaginous fluid can be squeezed from the nipples; pulse 120, quick and soft. The blood drawn from the arm, presented an imperfectly formed crust upon the clot, which was rather large, and floating in the midst of an abundant serum. Tongue dryish, becoming brown in the middle.

A large enema of warm water was ordered, to be followed by an injection containing 50 drops of laudanum. ℞.—Calomel gr. v., pulv. jalap. gr. xv. M. ft. pulv. A large hot poultice was placed on the abdomen, and a tablespoonful of wine-whey given every two hours.

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In the afternoon, the act of vomiting brought on an attack of pain of a cutting, plunging character, which continued for about half an hour, and subsided upon the administration of an anodyne enema.

In the evening, her pulse was very feeble, a mere trembling of the artery, (120); entirely free from pain; countenance appears a little sunken; tongue dry and covered with a brownish crust; extremities cool and clammy; bowels moved twice since morning.

℞.—Quinia sulph. gr. j., q. h. s., alternating with ℞.—Ammoniæ carb. gr. x. Wine whey ℥j. every 2 hours. Beef tea Tr. capsici was used as a rubefacient to the extremities.

She slept pretty well during the night, and on *Monday morning* the pulse was slower and fuller, each beat of the artery being more distinctly defined; skin warm, not clammy; inner surface of lips, and teeth, dry and glazed.

In the evening, the tongue was more moist; pulse more frequent and feeble; respiration more laboured; countenance more decomposed; rather more soreness of abdomen; frequent vomiting of a dark green, sour liquid; lochia and milk suppressed; skin again cool and clammy; restless, and sleepless.

The same treatment continued, with ℥j. of solution of morphia every hour, to induce sleep.

Tuesday morning: countenance more collapsed; dark livid circles beneath the eyes, which were dull and heavy; extremities clammy; pulse scarcely to be felt; bowels moved very frequently during the night; fæces and urine passed in bed and involuntarily; occasional vomiting of the same dark greenish black fluid. She passed a sleepless and unquiet night.

Brandy punch was directed for her, and strong chicken water seasoned with cayenne pepper; and to check the diarrhœa, a mixture consisting of chalk, Tr. catechu, and laudanum, was administered every hour.

In the evening, the diarrhœa had ceased, but the prostration was still greater.

Wednesday morning. Tongue entirely clean and more moist; pulse more distinct; frequent vomiting during the night, with involuntary and repeated discharges of fæces.

℞.—Pulv. camphoræ ℥j; Spt. lavandulæ co. f℥j; mucilag. acaciæ f℥v. M. f℥ss. q. h. s., alternately with the chalk mixture.

An anodyne enema was also administered, and blisters were applied to the calves of the legs.

She died at 5½ o'clock on Thursday morning. Her intelligence remained unimpaired, but she was unable to articulate during the last six hours of her life.

Autopsy 12 hours after death. Present, Drs. Hodge, Meigs, and Pepper.

No emaciation. On opening the abdomen, the small intestines were observed to be distended with flatus. The convolutions of the intestines were covered with lymph and pus; the peritoneum covering the uterus, bladder, and adjacent portions of intestines were minutely injected, of a bright red colour, and these different parts were united to each other by soft, false membranes. In the pelvis and in the fossæ on each side of the spine, were found several ounces of serum, rendered turbid by the admixture of pus and lymph.

The right ovarium greatly congested; left ovarium healthy. Fimbriated extremities of fallopian tubes congested, and distended with serum. Between the fallopian tubes and ovaries, the broad ligaments were thickened and minutely injected, and minute points of lymph and concrete pus were contained between the laminæ of the peritoneum, not in the vessels themselves.

The uterus seemed to be perfectly healthy; its veins were traced out with the utmost care, but no evidence of phlebitis could be discovered. The veins of the legs were also examined, and were equally with the uterine veins free from disease. (A day or two before death, the patient complained of tenderness and soreness in the calves of the legs, if the muscles were pressed upon in those regions; this phenomenon, with the low grade of her symptoms, favoured the supposition that she was suffering from phlebitis.)

The stomach was distended with flatus, and contained also a considerable quantity of greenish fluid, similar to that which had been vomited during life.

Kidneys slightly congested; spleen large and soft. Heart and liver healthy. Lungs slightly congested, but in other respects healthy. No old pleuritic adhesions.

Case 2. Mary Toft, aged 22, a very vigorous and healthy Irish woman, was confined with her second child on Tuesday, April 18, 1843. Her first labour had been quite rapid and easy. At this, her second confinement, the head of the child descended into the cavity of the pelvis in the first position of

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the vertex, but flexion and rotation were but very imperfectly accomplished; consequently the labour was very much impeded. At length the forceps were applied by Dr. Hodge, and the child safely delivered alive. The labour, from the commencement of the first stage, occupied about 22 hours, from Monday afternoon, until Tuesday at 1 o'clock, P. M.

During the next 24 hours succeeding her delivery, she was troubled with "after pains," the severity of which was mitigated by the administration of morphia and camphor water.

About 11 o'clock on Wednesday morning, having but just before assured the attendant that she was perfectly free from pain and uneasiness, she was seized with a very severe rigor, from which a full reaction had taken place at 2 o'clock, P. M. The pulse was now full, and strong and hard, beating 140 in the minute;—skin hot; ardent thirst; headache; tenderness on pressure upon the abdomen below the umbilicus, to the right;—a full inspiration was cut short by the occurrence of severe pain, but the limbs were freely and extensively moved by herself without producing any uneasiness.

℞.—Hydrarg. chlor. mit. gr. x., p. opii gr. j. M. statim sumend. A large hot fomentation was applied to the abdomen, covering the whole of it; a mucilage enema was administered, and she was bled in the recumbent position until she was made faint, having lost ℥xx.

Two hours afterwards, the pulse having again acquired force and frequency, she was bled ℥viij., when faintness again was induced, and a teacup full of the compound infusion of senna was given every two hours until a free operation upon the bowels was produced.

At 10 o'clock in the evening, she was free from pain of any kind; she could move her limbs, take a deep inspiration, or cough, and turn from side to side with impunity;—pulse soft.

℞.—Liq. morphiæ sulph. ℥ij., spt. æther nit. gtt. xv. M. statim sumend. Sago, or arrow-root were allowed as drink.

She slept quite soundly during the night, and on Thursday morning, was perfectly free from pain, or soreness of the abdomen.

℞.—Pulv. ipecac. et opii. gr. xvi., in ch. No. iv. dividend. S. Take one every two hours.

The same favourable condition continued through this day, and the following.

Friday morning. ℞.—Calomel gr. x., p. opii. gr. j. M. statim sumend.

Saturday, April 22d.—Doing well; sufficient supply of milk for the child; lochia continued freely.

All medicine omitted, except occasionally a dose of morphia to keep her quiet, and composed.

April 23d.—In evening, had some headache, with heat of skin, and some uneasiness in bowels; no fæcal evacuation since morning. Pulse 110, soft.

℞.—Pil. aloes et assafœtid. M. ij. q. h. s., with a few grains of carb. potass. given occasionally in the form of the effervescing draught. Next day quite comfortable.

25th.—In the morning she was suddenly seized with severe pain at the lower part of the abdomen. No pain in moving from side to side; uneasy if she takes a long breath; some flatulent distension of stomach; vomited two or three times a green fluid. Bowels moved once during the night. ℞.—Calomel gr. x., p. opii. gr. j. M. statim. A large enema of mucilage was directed.

The calomel was followed in a few hours by a dose of oil, and in the evening she was again perfectly easy. The bowels had been freely moved; abdomen soft, without soreness; pulse frequent and feeble; skin moist and relaxed. She complained of feeling weak. 50 drops laudanum were given by enema, and a small portion of wine was added to the arrow-root, (℥j. to Oj.) which she used as a drink.

26th.—Recurrence of pain in right iliac fossa, so sharp as sometimes to interfere with respiration. Countenance somewhat sunken; dark areola beneath the eyes; skin moist and warm; pulse 120, soft; no distension of abdomen. ℥v. blood were taken by leeches from the seat of pain in the right iliac fossa.

The bowels were operated upon by small but repeated doses of rhubarb and magnesia in mint water.

29th.—Pulse 90, soft, and regular; some pain remaining in abdomen.

℞.—Empl. vesicc. 5 × 3, to cover the painful spot. Diet, chicken water, tea and toast.

On the 5th of May, she was allowed to sit up a short time. Thenceforward she had no unpleasant symptom, and all medical treatment was suspended, excepting some

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mild aperient, as occasion called for it. She was discharged on the 13th of May, perfectly well.

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U. S. NAVAL HOSPITAL, BROOKLYN, N. Y.

W. S. W. Ruschenberger, M. D., Surgeon. Silas Holmes, M. D., Passed Assistant Surgeon.

Admitted in December, 1843.—Ophthalmia, 3; Gonorrhœal Do. 1; Bronchitis, 4; Intermittent fever, 1; Acute rheumatism, 1; Typhoid fever, 3; Chancre, 3; Bubo, 1; Jaundice, 1; Hæmorrhoid, 1; Erysipelas, 4; Incised wound, 1; Gonorrhœa, 1. Total, 25.

Discharged.—Chronic rheumatism, 1; Remittent fever, 2; Intermittent Do., 2; Syphilis, (eruption and sore throat,) 2; Do. Bubo and Chancre, 4; Do. Chancre, with phymosis, 1; Do. Chancre, 2; Gonorrhœa, 1; Stricture, 1; Ulcer, 3; Acute rheumatism, 3; Ophthalmia, 3; Chronic bronchitis, 1; Jaundice, 1; Erysipelas, 2. Total, 29 +3=32.

Discharged from service at his own request.—Phthisis, 1.

Died.—Erysipelas, 1; Phthisis, 1.

Remaining, December 31st, 79.

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MEDICAL NEWS.

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DOMESTIC INTELLIGENCE.

Pennsylvania Hospital—Clinical Instruction.—The course of clinical instruction commenced during the past summer at the Pennsylvania Hospital will, we understand, be continued during the ensuing one. From April to July, Medicine will be taught by Dr. Pepper, and Surgery by Dr. Norris; and from July to November, by Drs. Stewardson and Peace. Visits to the wards will be made daily, and lectures delivered on some of the most important subjects presenting themselves in the practice of the house.

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Rush Medical College.—This is the title of a college established at Chicago, chartered by the legislature of Illinois, in March, 1837. The faculty was not organized until October last, and the first session opened only on the 4th of December, 1843. The faculty consist of Daniel Brainard, M. D., Professor of Anat. and Surgery, James V. Z. Blaney, M. D., Prof. of Chem. and Mat. Med., John M'Lean, M. D., Professor of Theory and Pract. of Medicine, and M. L. Knapp, M. D., Prof. of Obstetrics and Diseases of Women and Children. Prosector, A. W. Davisson.

We have before us the interesting introductory lecture delivered by Dr. Brainard at the opening of this college.

—

Epilepsy.—Dr. Jno. M. B. Harden, of Liberty Co., Georgia, has communicated to a southern paper, an account of some cases of Epilepsy occurring in negro children on a plantation in the county in which he resides. The disease seems to have spread by imitation, and was completely arrested by threatening the patients with a whipping should they have further attacks. Dr. H. calls attention to the similarity of the symptoms in these cases to those attributed to the, so called, mesmeric influence, (one of the patients exhibiting no sensation when a pin was thrust to some depth in her flesh in different places in the leg, arm, face and lips,) and offers some judicious remarks on the subject. He entirely rejects the explanation of the mode of production of these phenomena, given by the advocates of animal magnetism.

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Sir Astley Cooper on Hernia.—This great work has been republished with all the plates, by Messrs. Lea and Blanchard, in imperial octavo, and sold at a small price.

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FOREIGN INTELLIGENCE.

Purification of air without renewing it.—The *Courier Français* states, that a most curious experiment has been lately made in the hospital of the Salpetrière at Paris with a machine invented by Dr. Payerne, called the purifier, the object of which is to purify the air, without renewing it, in hospitals, prisons, mines, diving bells, and, in general, in all places where the air has been vitiated. This experiment, which excited the greatest interest from the important results to be derived from its success, was witnessed by deputies from the Academy of Sciences, the Administration of Hospitals, and by several distinguished chemists and physicians. Dr. Payerne entirely succeeded in what he proposed, viz. to purify the air completely in an enclosed space without communication with the external air. The thermometer, at the same time, descended several degrees. Dr.

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Payerne proposes, in a few days, to make an experiment with his machine on a diving bell in the Seine, by which the divers may remain an indefinite time under water without communication with the atmospheric air.—*London Med. Gaz.*, Nov. 1843.

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Substitute for white lead.—The great frequency of disease produced by lead in those engaged in the manufacture or use of this article, has recently lead to some investigations with a view to the discovery of a substitute for cerussa. At a meeting of the Academy of Sciences on the 13th of Nov. last, M. Ruolz read an account of his researches on this subject. It appears that the number of persons affected with saturnine affections, admitted into the Hospital de Charité during six years, was 1163; of these, 406 were workmen employed in white lead manufactories, and 385 painters. In 1841, the department of the Seine furnished 302 patients—69 painters, 233 workmen in white lead manufactories; 12 deaths, 1 case of insanity. Of the 233 workmen, 161 came from the establishment at Clichy, near Paris, the only one in which it is manufactured in large quantities. None of the hopes founded on peculiar processes of fabrication, have been realized; the only certain method by which so numerous a class of workmen (Paris alone reckons nearly 8000) may be preserved, is to employ, instead of cerussa, a compound containing no lead. Of the numerous substances tried, two only appear to possess the necessary conditions—utility, economy, and salubrity. The one, an arsenical compound, was rejected, because, though inoffensive in itself, it might easily be rendered dangerous in criminal hands. The other, the white oxide of antimony, was chosen after numerous trials, for it offers all the qualities of cerussa; is obtained by an easy process from the native sulphuret of antimony; is one-third cheaper than cerussa; mixes easily with oil; is not injurious to the workmen who prepare it, nor the painters who make use of it; finally, if adopted, will give a stimulus to the working of the neglected mines of antimony, which abound in France.

—

Extirpation of the uterus by the large abdominal section.—Mr. A. M. Heath, of Manchester, relates in the *London Medical Gazette*, the case of a woman admitted into the Manchester Union Hospital, with a large abdominal tumour, which on consultation was unanimously pronounced ovarian, and fairly adapted for extirpation by the large abdominal section. The section was accordingly made, when the tumour came into view, and proved to be the uterus containing a fibrous tumour growing from the muscular structure of the organ, immediately beneath the mucous membrane, at the fundus. The entire uterus was removed, and the patient died seventeen hours afterwards.

The editor of the Medico-Chirurgical Review, in commenting on this case, says, "We would not willingly be accused of repressing attempts to enlarge the domain of successful operative surgery. But it is well to check the passion which is prone to prevail epidemically for great and hazardous operations. The removal of diseased ovaria is one of this description. Were we to trust to some recent reports, this would seem to be as easy as amputation of a finger, and rather more successful. But, if this proceeding is resorted to as freely as it seems likely to be, we venture to predict that a liberal discount of disasters must be deducted from the sum-total of success."

—

Dipsopathia,—the latest medical humbug.—Priessnitz has got a rival close to his own castle! About four miles from Graeffenberg, in the lovely valley of Lindiviesse, Dr. Schrott, an old school-fellow of the apostle of hydropathy, has started a CURE-ALL, in opposition to the Silesian peasant. His methodus medendi is no vile imitation of that of the far-famed practitioner of Graeffenberg. It is a veritable antipous. The one inculcates the drinking of water, and water only. Schrott forbids water and all other fluids—and thus cures by thirst!—*Medico-Chirurg. Rev.*, Jan. 1844.

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Antagonism of Phthisis and Intermittent Fever.—Dr. Gouzée, chief physician to the Military Hospital, Antwerp, in a note addressed to the editor of the *Gazette Medicale*, says, "The partisans of this opinion affirm that phthisis is unknown in countries where marsh miasma reigns." This may be true with some, but certainly is not the case at Antwerp, where, though intermittent fever is endemical, phthisis is very prevalent. Thus, from 1834 to 1842, of 453 deaths at the Military Hospital, 123 were caused by phthisis, or one in three and two-thirds. During the first six months of 1843, of 17

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deaths, 9 were from phthisis, or more than one-half, though intermittent fever was more prevalent than usual. Moreover, no doubt can exist as to the nature of the disease, the *post mortem* examinations having demonstrated the existence of tubercles. The same remark is applicable to the inhabitants of the town; therefore, the law announced by Dr. Boudin is not without an exception; for, in Antwerp, phthisis and intermittent fever reign simultaneously, and the one does not prevent the development of the other.—*Med. Times*, Dec. 1843.

—

Sex of the child and the safety of Parturition.—Professor SIMPSON has made a statistical communication to the Medico-Chirurgical Society of Edinburgh, for the purpose of proving, that the sex of the child has a very marked and demonstrable influence upon the safety of the process of parturition, in regard both to the mother and infant. This was due to the slight but decided difference of size in the heads of male and female children.—*Lond. and Ed. Monthly Journ. Med. Sci.*, Jan. 1844.

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Extirpation of dropsical ovaria.—This operation has recently been performed successfully by Mr. Southam, Dr. Clay, Dr. F. Bird and Mr. Lane; and with a fatal result by Mr. A. Key, Mr. Greenhow, and Mr. B. Cooper. Mr. Walne is also said to have met with some unsuccessful cases. In one, the operation was left incomplete, but the patient recovered; in another, the ovary was removed, but the patient died from the effects of the operation.

The following is given in the *B. and F. Med. Rev.* for Jan. last, as the present statistics of the operation by the large abdominal section.

It has been attempted 37 times.

It has been actually performed 28* times; in 18* of these cases the patients recovered from the operation, in 10 they died: of the remaining nine cases in which the operation was left incomplete, either because the tumours could not be removed, or because no tumour existed, 3 terminated fatally, the remaining 6 recovered.

—

Milk injected into the veins.—M. Donné, in the course of the past summer stated to the French Academy of Sciences, that having been struck with the analogy between the constitution of milk and that of the blood, he had repeated the experiment of injecting the former fluid into the veins of various animals; and his experience, contrary to that of former observers, went to prove that those animals (except, from some unascertained cause, the horse,) not only supported the operation without injury, but that the globules of milk served the purpose of those of chyle, and became eventually transformed into blood globules.—*Lancet*, from *Gazette des Hôpitaux.*

—

Orthopædic controversy in Paris.—The medical profession in Paris have been greatly excited, recently, by an action for libel instituted by M. Guerin, the orthopædist, against the editors of three of the Medical Journals. The facts of the case are these.

M. Guerin published a statistical report of 1394 cases of deformity, treated by him in his orthopædic wards at the Hôpital des Enfans, nearly all of which were stated to have been cured. This statement was received with great suspicion by the profession. M. Malgaigne, editor of the Journal de Chirurgie, severely criticised it, and asserted that on investigation he found many of the cases reported as cured, were scarcely if at all benefited, and in several instances the same patient figures more than once on the successful list. M. Henroz, editor of L'Experience, and Vidal, the editor of the Gazette des Hôpitaux, also attacked the report of M. Guerin, but unfortunately for them, they did not like M. Malgaigne confine themselves to an examination of the incriminated report, but indulged in personal remarks.

The trial, which lasted five days, has now terminated. M. Malgaigne was acquitted, as not having transgressed the bounds of scientific discussion, whilst MM. Henroz and Vidal were condemned for improper language publicly uttered (*injures publiques*), the former fined 200 francs, with 500 francs damages, and the latter 100 francs, and 300 francs damages.

"The excitement," says the London Lancet, "which the trial has occasioned in the French medical world is unprecedented. It has been generally felt that M. Guerin's action was a direct attack against the liberty of discussion, and that if the charge of libel was substantiated against

* To these must be added the successful operation performed by our skilful countryman, Dr. Atlee, of Lancaster See American Journal of the Medical Sciences for January, 1844.

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his opponents, any thing like free literary criticism of medical works and assertions would be at an end. A protestation was drawn up in Paris in favour of the principle of liberty of discussion in scientific journals, and has been signed by the editors of all the reviews, &c., by the physicians and surgeons to the hospitals, and by the great mass of medical practitioners. The French medical journals have teemed for the last six weeks with adhesions to this protestation from all parts of France, and even from Corsica and Algeria. This manifestation has, in fact, been truly electrical in the professional circles of Paris. We have now only to add that the topic is likely to be kept in view for a short time longer, MM. Vidal and Henroz having appealed to a superior court against that portion of the decision of the *Tribunal Correctionel* which condemned them to fines and damages."

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Animal with mammæ on the back.—The existence of the Coipo, an animal supposed to be fabulous, has recently been verified. Mr. Ackerman, a naval surgeon, has sent several specimens, preserved in spirits of wine, to M. Lerebouillet, a professor of natural history at Strasbourg. A memoir by Mr. A. on its anatomical and physiological history was read to the French Academy of Sciences on the 27th of November last. This animal inhabits the small lakes and ponds in South America, in which there are reeds. It has four nipples on each side of the body; in one animal in a state of pregnancy, they were from one-third to half an inch long, and the first was placed behind the shoulders and the last above the hip.

—

Castration performed on the patient by himself.—An old gentleman, having suffered most excruciating pain with a scirrhous testicle, one night, when alone, was maddened to such a degree with pain, that he took hold of the spermatic cord with the finger and thumb of the left hand, caught the testicle in the right hand, and commenced twisting, and he continued till he severed it. He told me himself it took fifteen rounds hard work. No hæmorrhage naturally followed, nor did any other bad symptom.—*Med. Times.*

—

Contagiousness of Puerperal Fever.—A strong array of evidence in support of the doctrine of the contagiousness of puerperal fever has recently been brought forward. Several papers on the subject have been published in the *Provincial Medical Journal.* In a paper in the No. of that Journal for Dec. 2, Mr. Storrs maintains that the disease is contagious; that it originates from an animal poison, chiefly erysipelas and its consequences, but sometimes typhus fever; and that it possesses the power of producing indiscriminately erysipelas, typhus, and a fever in the male resembling the puerperal.

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TO READERS AND CORRESPONDENTS.

Watson's Lectures on the Principles and Practice of Physic.—These Lectures were selected for the Library department of this publication, because we believed them to present the very best and most complete digest of the principles and practice of medicine in our language; and it is satisfactory to find that our judgment in regard to them has been fully confirmed by the concurrent opinions of the medical press, both of this country and of England. In the last No. of the *British and Foreign Medical Review,* these lectures are noticed in the following high terms of commendation:

"The medical profession is under great obligations to the gentlemen, whoever they were, who induced the author [Dr. Watson] to publish his lectures in their present form, as its members have thus obtained for their help and guidance a better and completer system of medical practice than they were before possessed of; and the medical literature of this country has been enriched by a work of standard excellence, which we can proudly hold up to our brethren of other countries, as a representative of the actual state of British medicine as professed and practised by our most enlightened physicians. And, for our own parts, we are not only willing that our characters as scientific physicians and skilful practitioners may be deduced from the doctrines contained in this book, but we hesitate not to declare our belief, that for sound, trustworthy principles and substantial good practice, it cannot be paralleled by any similar production in any other country." * * *

"We would advise no one to set himself down in practice unprovided with a copy."

We have received by the steamer, the British Journals for January, and are enabled to lay before our readers some of the more interesting articles of intelligence from them.

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THE

MEDICAL NEWS

AND

LIBRARY.

VOL. II. MARCH, 1844. No. 15.

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CLINICS.

WILLS HOSPITAL.

Service of Dr. Hays.

Report for the quarter ending December 31st, 1843.

Patients in the Hospital on the 1st of October, 27
With diseases of the eye, 26
" " " limbs, 1—27
Of whom were males, 15
" " females 12—27
There were admitted during the quarter, 34—61
Discharged, " " 30
Died, " " 1
Eloped, " " 1—32
Leaving in the House on the 31st Dec. 29

Of those *admitted*, there laboured under diseases of the eye, 32
" " " limbs, 2—34
Of those *discharged*, there laboured under diseases of the eyes, 31
" " " limbs, 1—32
Of whom were males, 20
" " females, 12—32
Of those remaining in the Hospital, are males, 21
" " females, 8
Of those *discharged*, there were
cured, 17
" " relieved, 8
" " incurable 3
" at their own request, 2
" " died, 1
" " eloped, 1—32

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent GRATUITOUSLY *to all subscribers to the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on Number Twelve.*

☞ *In no case will this work be sent unless the money is paid in advance.*

This number contains two and a quarter sheets, and will pay newspaper postage.

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Operations during the quarter.

For Artificial Pupil, - -	8
" Cataract, - - -	6
" Pterygium, - -	1
" The removal of a piece of iron from the posterior chamber of the eye,	1—16

Several of the cases included in the above report, presented in their history some points which may be of sufficient interest to deserve a brief notice.

1. The case of the man, from whose eye the piece of iron was removed.

While engaged, at Parkesburgh, in repairing the locomotive of which he was the engineer, a piece of iron struck his left eye, towards the inner angle, making a horizontal wound about half an inch in extent. He was brought to the city and taken to the Pennsylvania Hospital, where he was treated for the inflammation; he himself believing from the statements of those around him, and that of the physician who was called immediately after the accident, that the iron was not in the eye, but had fallen out immediately after striking the organ.. After remaining there ten days, he left and came to the Wills Hospital, where he was treated for some time for the removal of the inflammation. On the 1st of October he came under the care of Dr. Hays, who was induced to believe from the repeated relapses which had occurred, that a foreign body was in the eye. Symptoms of sympathetic inflammation of the other eye appearing, confirmed this view, and determined Dr. H. to open the eye and remove the source of irritation.

Accordingly, on the 10th of October, thirteen weeks after the accident, Dr. Hays opened the cornea, as in the operation for the extraction of cataract. The parts were found so united together by the effusion of lymph, that it became necessary to break up the lens with a curette; in doing which a small portion of pus was observed, the curette was then passed still deeper, when the foreign body was felt. This was seized with forceps, but the opening not being sufficiently large, it was extended in the direction of the original wound by scissors. The body was then again seized, and extracted. When removed it was found to be a piece of the head of a chisel, weighing 15 grains and measuring in length half an inch, and in breadth $\frac{7}{10}$ of an inch. The patient was put to bed, sulphate of morphia given to allay the pain, which was excruciating, or, as the patient said, if all the teeth in his head had been pulled at the same time, the pain would have borne no comparison to that occasioned by the removal of the iron.

He recovered however without any bad symptoms, the threatening signs of sympathetic iritis disappeared, and he was discharged on the 28th of October entirely free from inflammation in either eye, and the form of the wounded eye tolerably well preserved.

2. The second case was that of a man in whom the internal portion of the lower eyelid, for about half an inch from the punctum, adhered to the lower half of the cornea, drawing up the inner portion of the lid and limiting the motions of the eye. This deformity resulted from an operation for the removal, several years ago, by a practitioner in the western part of New York, of a pterygium. The lid was separated from the ball with a small scalpel, and the margins of the divided mucous membrane lining the lid brought together by three ligatures to prevent re-adhesion. The ligatures came away in a few days, the parts healed, and the eye was restored to its natural motions. A dense cicatrix was left on the cornea, which was however much diminished by the use of astringent collyria.

A pterygium was also removed from the other eye a short time after, and the patient discharged in a few weeks, relieved of his embarrassing deformity.

3. This case presented a striking example of the beneficial effects of the external application of the nitrate of silver, as a remedy in the photophobia accompanying scrofulous ophthalmia. The patient had been subject to attacks of inflammation of the eyes for a number of years, and when brought to the Hospital the photophobia was so intense that not the least ray of light could be borne. Upon examination, the conjunctival inflammation was but slight, by no means sufficient to account for the intense photophobia, and no rheumatismal complication could be discovered. A very marked result followed the application of the solid nitrate, lightly drawn over the lids, previously moistened. The patient, previously unable to bear any light, could the next day walk about the house, with however a slight contraction of the muscles of the face to prevent too great access of light; but a second application a short time after, completely removed this, and she

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was discharged cured about six weeks after her admission.

JNO. CURWEN, *Resident.*

January, 1844.

—

HOTEL DIEU.

Lecture on the Accidents which complicate Surgical Operations. By Prof. ROUX.

Last year, on a similar occasion, I drew your attention to the errors that might be committed in the diagnostic of surgical diseases; to-day it is my intention to describe *the accidents that complicate surgical operations.* First, what is to be understood by the term *accidents?* Like many others it is easier comprehended than defined. In my opinion, the best definition is "every circumstance, every mischance which does not form part of the operation, yet influences more or less the consecutive symptoms, or the object to be attained." These accidents may be divided into, 1st, *primitive, or instantaneous, occurring during the operation;* 2d, *consecutive, coming on shortly after the operation;* 3d, *distant, taking place some time after the operation;* for instance, after amputation, the muscles in retracting may give rise to a conical stump; after lithotomy, enuresis may take place, because the bladder in cicatrizing loses its elasticity, or an urinary fistula may be produced; and after the operation for aneurism, by Hunter's method, though the cure appear perfect, a relapse, in spite of the utmost care and attention, may supervene. It must not, however, be supposed that these divisions can be so accurately observed in the living subject, where the first often produce the accidents of the second, and these last, those of the third, because consecutive accidents, are frequently owing to some error or omission committed during the operation, or, in other words, to a primitive accident. It is, notwithstanding, indubitable that the secondary accidents are often produced by hygienic causes, acting on the patient after the operation; thus in cataract, in spite of the precision with which the operation is performed, and the care bestowed on the patient afterwards, sometimes it succeeds, sometimes fails, and that in patients placed in similar conditions. Among the *primitive accidents*, some belong to all kinds of operations, and may be called *common*, others to certain operations only, and may be called *special.* They have been studied with much more care by modern than ancient authors, notwithstanding the immense progress surgery has made of late. This is owing to the greater accuracy in observing, and to the care taken by surgeons to point out in their works, or in their Clinical Lectures, the errors committed by colleagues, in order, say they, to prevent their recurrence, but perhaps, in truth, to criticise. It is a fault, nay, more, a crime, to conceal accidents which occur for want of precaution, as thus we not only deceive our colleagues, but lead astray those who look up to us for instruction, and receive our words as oracles. Sincerity is needful in every science, but more so in ours, the end of which is the health and life of our fellow-creatures; and every individual who does not scrupulously perform this duty, is unworthy of exercising so noble a profession, for, in deceiving himself, he deceives those who have an undoubted right to know the whole truth, and causes a prejudice to mankind. By acting thus, J. L. Petit, Pott, Boyer, &c., were so deservedly esteemed, and may be cited as examples. What surgeon, however well informed or prudent, can affirm with truth that he never made a mistake; has it not happened to J. L. Petit and other eminent practitioners? I will here mention three cases in which casualties have occurred to myself; the first was a fracture of the arm, in which sphacelus was produced by the compression of the bandage: amputation was performed, the patient died:—the second, an abscess, in developing itself in the groin, had pushed the crural artery out of its natural position; not aware of this anomaly, I plunged a bistoury into the tumour; a gush of arterial blood showed that the femoral artery was divided. A ligature was immediately applied; no immediate accident took place, but the patient died from the excessive suppuration:—the third, that of a case of urinary calculus. A young man was operated on for stone, and every thing seemed to promise a speedy recovery, when all at once the urine ceased to flow through the wound, the patient was seized with shiverings and pain in the perineum, and died. The *post-mortem* examination showed that the lithotome caché had divided the bladder much farther than had been supposed or intended, and that there was an infiltration of urine in the cellular tissue. Numerous causes may give rise to these accidents:—*Error in the diagnosis;* for instance, aneurisms have been taken for

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abscesses, and opened, producing thus a hæmorrhage which, may become fatal.—*Character and nature of the operation;* thus, in lithotomy, the calculus is sometimes so considerable, that the parts may be bruised or torn when the division of the bladder is small, or wounded, giving rise to serious accidents, if the division is sufficiently large; again, in extirpating a tumour, the length of time needed, fatigues the sufferer, the loss of blood from the number of vessels divided, weakens him, and the situation in a part surrounded by organs essential to life, renders the operation tedious and dangerous. Another source lies entirely with the surgeon, if he operates too rapidly, too slowly, or with bad instruments, or if he employs an assistant who does not possess the necessary intelligence;—for example, in performing lithotomy, if the person whose office it is to hold the catheter, does not keep it in its proper place, the bladder, rectum, or other important organs, may be wounded; and in amputations, if those who exercise compression on the principal artery, hold the limb, or draw back the soft parts when cut, &c., are neglectful of their duties, how can the operation succeed? *Syncope.*—Two kinds are to be met with:—*Nervous Syncope*, coming on after a slight, and even without the least, loss of blood; probably, the brain is here first affected, and by reaction on the circulation, it produces syncope, which, when carried to a certain extent, may cause apparent, and even real, death. In such cases, the operation must be discontinued, cold water thrown on the face, horizontal position, nostrils stimulated by ammonia, &c. *Anemic Syncope*, produced by the loss of a considerable quantity of blood during the operation, is more frequent in copious hæmorrhages than in those which take place by degrees, and when the patient has been weakened by previous disease; is distinguished from the former by its being produced solely by a disturbance in the circulation, and because it ceases as soon as the hæmorrhage begins, to appear again when the flow of blood ceases. One of the best methods that can be employed to combat this accident, is, the compression of the aorta abdominalis, employed first by M. Baudelocque in uterine hæmorrhage. Cases illustrative of the foregoing remarks: A man wounded in the shoulder, in July, 1830, was brought to la Charité; on the 14th day, hæmorrhage took place, followed by several relapses, and by syncope. All other means failing, compression of the aorta was had recourse to, and the patient, before apparently dead, revived sufficiently to answer our questions. Everything was prepared for the ligature of the axillary, and I was on the point of performing the operation, when syncope came on again, and carried him off. A child affected with a fungus hematodes of the neck, of the size of a walnut, was confided to my care, and as it increased, I decided upon operating. Notwithstanding the utmost care, several vessels were divided; syncope took place, and ceased on pressure being exercised on the aorta, and the child, though it had several other attacks of syncope, ultimately recovered. Another child, affected with the same disorder, was taken with syncope, from loss of blood, and died. *Hæmorrhage*—by which is meant the loss of a sufficient quantity of blood to endanger life. As adults support hæmorrhage better than old persons and children, the age of the patient must be considered before undertaking an operation. This recalls to my mind a case which occurred to me at the outset of my surgical career. A child, three years old, affected with a large tumour of the neck, was brought to me. The case offering some danger, I called upon my excellent master, Baron Antoine Dubois, who acted the part of a kind parent to me, and asked him if he thought I ought to operate, —the reply was, "*do it:*" I, therefore, requested the favour of his presence, and mentioned the day and hour; but on second examination, before the operation, and when everything was ready, he said to me, "*I am going away,*" and immediately left the room. These few words were sufficient to convince me, that he thought the operation would be productive of serious accidents, and would not sanction it by his presence; I, therefore, did not perform it. This circumstance recurs to my mind every time I have a difficult operation to perform.—Hæmorrhage may be arterial or venous; the former is generally most to be feared, on account of the greater vitality of the blood lost, or the greater rapidity with which it escapes; still, the latter is not without its danger in certain operations on the neck, and because it is not so easily put a stop to by ligature or compression. Cases:—Five or six years ago, yielding to the solicitations of a patient affected with an immense bronchocele, I began the operation, but the divi-

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sion of some large veins obliged me to cease. A lady was recommended to my care by a provincial colleague, on account of a tumour situated at the anterior and lateral part of the neck, of the size of an egg, and apparently adherent to the sterno-cleido-mastoideus. Her mother died from a cancer similarly situated, and my colleague feared a similar fate for the patient, a relative of his own; but I diagnosticated a strumous tumour, and consequently advised her to do nothing. I was, however, solicited to remove it, and acquiesced, though unwilling. A crucial incision being made, the tumour was carefully dissected; but when nearly removed, the jugular, or some other large vein was opened, and the hæmorrhage which took place, obliged me to cease for a moment, and though it did not prove fatal, still the patient died from other accidents. In such cases, the means to be adopted are: *compression* in wounds of the arteries of the lower extremities; it must be performed on the crural, iliac, or aorta; and of the upper extremities on the brachial, axillary, or subclavian;—*ligature*, which in some cases may be performed before beginning the operation. *Nervous accidents*, such as spasms, convulsions, &c. In general, they are produced by fear of the operation, or by pain; as to individual disposition, it is impossible to assign any plausible cause why strong, robust men, who on the field of battle know not what it is to tremble, cannot support the slightest surgical operation, whilst weak and feeble women show a courage truly astonishing. Twelve or fifteen years ago, I was requested to extirpate a tumour from the breast of a young lady, 18 years old. I commenced the operation, but perceiving that the patient was silent, and supposing it might be from timidity, told her not to restrain herself, but to scream if she pleased; to which she made this extraordinary reply: "Go on, Sir, physical pain is easily borne." Another lady, a native of Belgium, came to Paris to have a tumour extirpated from the breast. The operation lasted nearly an hour, on account of the numerous ramifications and adherences the tumour offered with the neighbouring parts; during the whole time the patient never uttered a scream; on the contrary, this heroic lady begged us not to spare her, but to continue until the very root of the disease was extirpated. It appears that this was not the first time she gave proofs of her courage in extraordinary circumstances, even on the field of battle. It is necessary not to confound with this resignation and fortitude, the factitious courage that certain boasters exhibit under surgical operations, and which is ordinarily followed by serious accidents. At the commencement of my career, I succeeded in fourteen or fifteen amputations, successively, at Beaujon; and the first reverse I experienced was with an individual who, during the operation, exhibited extraordinary but artificial courage. As to the spasms and convulsions, which some authors say take place whilst operating, they have never happened to me; but Deschamps told me that a patient, on whom he was on the point of performing lithotomy, experienced such violent convulsions, on hearing him ask for a razor to shave the perineum, that he was obliged to postpone the operation; and that another had a nervous fit, followed by death, after an operation for phymosis. Bichat, likewise, mentioned a case to me where Desault lost a patient in convulsions, immediately after the operation of fistula in ano."—*Med. Times*, Dec. 1843.

MEDICAL EDUCATION AND INSTITUTIONS.

Medical Service in the Navy. No. 6.

Almost every politician who has obtained a place on the floor of congress, attempts to secure himself in the affections of the people, by energetically commiserating their poverty and ignorance, and at the same time, that he persuades the nation it has no money, he shouts economy, economy. But strange to remark, these modern Ciceros apply the word and the practice of the thing exclusively to dollars and cents,—to columns of figures. Human life, health, morality, pain, agony, are all brought to a money standard. Shall we see the day when there will be a government price-current of human life, especially for the navy and army? An ordinary seaman's life will be worth more than that of a landsman, but less than that of a seaman! The life of a private soldier will be worth less than that of any other individual in the army, because all these things must be regulated according to rank! When this price-current is established, medical officers will be expected to calculate the cost of cure and set it opposite to the assessed value of the life in question; and if the relief is to cost too many dollars comparatively, the

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surgeon will show his love for the people by saving their money and permitting their fellow-citizen (soldier or sailor) to suffer and die—and then too, the surgeon may come forward in the high places and say, behold how many dollars I have saved for you by withholding luxuries, misnamed comforts, from the sick and hurt.

Mr. Wise wishes the world to know how much it costs to support hospitals in the navy for the past ten years; is this owing to the supposition that seamen are not entitled to the whole,—to all they receive? or is there a suspicion of an improvident use made of the navy hospital fund? There is little doubt, however, be the motive what it may, but that the information obtained by the call will be useful and interesting. It is to be regretted that the expenses of marine hospitals, and the cost of taking care of sick sailors in the various civil hospitals of the United States, were not also asked for.

The anxiety for retrenchment, which is not economy always, will probably lead to a reduction of appropriations for the use of the sick and hurt; the number of medical officers, little more than half enough now, may be diminished, or there may be some notion to limit the measure of sick mens' gruel and *soup maigre*, in order to show up to the gaze of this nation, that a large number of their sick fellow-citizens have been *treated* for a remarkably small sum, which sum the nation is supposed to pay; but the supposition is untrue. There is no class of men, citizens of the United States, who pay a heavier rate of tax than sailors in the navy. The income of an ordinary seaman is $120 a year, out of which he pays $2 40 into the navy hospital fund. This fund is constituted by the payment of $2 40 yearly by every individual in the navy, and by a credit of twenty cents daily (the amount of a ration, which constitutes a part of a sailor's pay) for every individual while he may be maintained at the expense of an hospital ashore or afloat. If we take 7000 as the number of persons employed in the navy, and the number of sick to be six per cent., we may form an estimate of the yearly income of the navy hospital fund. The "hospital money" will be upwards of $16,000, and the sum accruing from "stopped rations" must be at least $30,000. Here is $46,000 paid yearly by persons in the navy towards the support of an hospital establishment; this tax is paid by 7000 persons whose individual income on an average does not exceed $150 a year. We are not aware that any other body of the same numbers pays as heavy a tax.

It is not our purpose, however, at this time, to consider this branch of medical service in the navy; but to contrast the pay of medical officers with that of some others, so that we may see the value set upon the medical profession comparatively, by the government.

We will first compare medical officers with pursers in the navy, in point of pay, merely remarking that the avocation of a purser is to keep a correct account of the disbursement of money, and, taking into consideration the nature of the responsibility, the pay of this class of officers is quite small enough to secure the services of competent and honest men. The following will show the rate of yearly pay of a purser during twenty years:

	On leave.	*Shore duty.*	*At sea.*
Under five years standing,	$1000	$1500	$1573
Over 5, and under 10 yrs.	1200	2000	2073
" 10, " " 15 "	1400	2500	3073
" 15, " " 20 "	1600	2500	3573

During any period of service, under twenty years from the date of their commissions, pursers will not receive less than the lowest sums set down above, and the chances are they will receive the highest.

The following shows the yearly pay that may be received by a medical officer during the first twenty years of service:

	On leave.	*Shore duty.*	*At sea.*
Assistant surgeon for 5 yrs.	$650	$950	$1023
Passed ass't " say, " 5 "	850	1150	1270
Surg. under 5 yrs standing,	1000	1250	1406
" over 5 and under 10 yrs.	1200	1500	1673

During the last term of five years in these twenty years service, the surgeon may be appointed fleet surgeon, at sea, in which event his pay will be $1873.

Let us suppose two individuals of the same age, say twenty-five years, to accept commissions in the navy on the same day, one as assistant surgeon, the other as purser; one master of a profession requiring long and deep study and a high order of talent for its attainment; the other, master of certainly the less abstruse art of book-keeping; one takes care of the health and lives of his fellow-citizens, and the other keeps an account of their money. We have only to compare the above tables to arrive at the conclusion that, in the navy, the art of book-keeping is estimated to be worth nearly

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twice as much as the science of medicine and surgery. At the end of twenty years service, the medical officer on leave receives $1200, but the purser $1600; on shore duty the medical officer receives $1500, but the purser $2500; at sea the medical officer receives at the utmost $1873, but the purser $3573. Such is the difference in the estimated value of medicine and book-keeping.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Dr. Bond's placental forceps.—At the last meeting of the Philadelphia College of Physicians, after giving some account of the mechanical means, heretofore recommended or now in use, for the removal of the placenta, in those cases of abortion where it is retained and attended with obstinate hæmorrhage, Dr. Bond laid before the College a *placental forceps* which he had recently contrived. The instrument is about ten inches long, curved laterally on a radius of about twelve inches, and the blades are an inch and a half longer than the handles. The blades terminate in an oval expansion half an inch wide. The handles and blade, including the edges of the oval expansions are rounded or bevelled off, very much like those of his œsophagus forceps, so as to preclude all probability of wounding or pinching any of the surrounding soft parts. The inner part of the oval expansion is made concave and rough, so as to maintain a secure grip upon the body embraced. These precise dimensions, as to the length and curvature of the instrument, are not considered essential, but it is probable that they will be found most convenient. The professors of obstetrics in the University of Pennsylvania and in Jefferson Medical College have exhibited it to their respective classes with very decided commendations. A more particular description, with a figure of the instrument, will, we learn, appear in the April No. of the American Journal of the Medical Sciences.

University of Pennsylvania.—From the catalogue just published, we learn that the class the present session is 424.

Jefferson Medical College.—The catalogue of the class for the session 1843–44, just issued, embraces the names of 341.

New Publications.—Messrs. Lea and Blanchard have just issued "Lectures on the more important Diseases of the Thoracic and Abdominal Viscera, by N. Chapman, Prof. Theory and Practice of Med. in the University of Pennsylvania;" also Part 2d of Drs. Horner and Smith's Atlas.

They will soon publish, we are informed, Simons' Medical Chemistry, Wharton Jones' Manual of Ophthalmic Medicine and Surgery, and Jones and Tod on the Diseases of the Ear. The first part of the Cyclopedia of Practical Medicine will appear early in March.

FOREIGN INTELLIGENCE.

Formula for the revulsive, antirheumatic paper of Berg.—Take of Euphorbium 30 parts; Cantharides 15 parts; Alcohol 150 parts; Digest for 8 days, filter, and add:—Rosin 60 parts; Turpentine 50 parts.

Paper is to be coated with three layers of this varnish.—*Journ. de Pharmacie*, June, 1843.

Caventous formula for the rubefacient ointment of Croton oil.—Take of Lard 3 parts; Wax 1 part; Croton oil 2 parts. Dissolve the wax in the lard at a low heat, and allow the whole to become cold; scrape it off by thin layers and incorporate the Croton oil with it.—*Ibid.*

The Infant Martyrs.—This is the quaint title of an interesting report on the burning of children, communicated to the Royal Institution of Cornwall, by Dr. Barham. The number of deaths caused by the clothes taking fire is much greater than most persons imagine, and we shall notice some of Dr. B.'s statements in the hope of awakening attention to the subject. It appears that in certain parts of England, containing a population of nearly 3,000,000, the deaths by burning in 1838 were 723, or 1 in 4085, and that in Stafford and Shropshire the mortality was even higher, being about 1 in 2000 of the population! Among the 723 deaths above mentioned, 541 occurred under ten years of age. Of 94 who perished by burning in South Staffordshire, 81 were destroyed by their clothes catching fire, and of these 61 were under ten years of age.

Scopolina Atropoides.—Dr. Lippich recommends the extract of this plant in cases

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of mercurial salivation, and it has been administered in numerous cases with success by Drs. Brenner and Felsach. Not more than 2 grs. should be given in a day, or it proves narcotic.—*Med. Times*, Jan. 20.

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Surgical patents.—M. Gannal, in Sept. 1837, took out a patent for a method of embalming, which consisted mainly in the injection of a solution of sulphate of alumina and of arsenic into the arterial system, and by virtue of this he maintained that he alone had the right in France to embalm by injection, and announced that he would prosecute any medical man who attempted to infringe his patent. M. Marchal, a distinguished young surgeon, conceiving this claim to be an infringement of the rights of the profession, publicly injected a body with a solution of arsenic, previously giving M. Gannal notice of his intended operation. M. Gannal, conceiving his patent to be infringed, brought a suit against M. Marchal before the "Tribunal Correctional" of Paris, and this tribunal have decided that the human body could not be assimilated to merchandize, and that it is not possible to take out a patent for any operation performed on it. The case was consequently discharged, and the costs, which are heavy, fall on M. Gannal.

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Formation of tubercle.—Dr. Klencke is of opinion that the formation of tubercle is dependent upon some lesion or defect in the structural transformation of the cells of the affected tissue. From the general debility of the natural powers the normal cells are only imperfectly converted into the parenchyma or proper substance of the part where the tubercles are developed; and thus, instead of forming a constituent portion of its organization, they act as so many foreign and irritating bodies disseminated through it. Their appearance under the microscope gives considerable weight to this view of their origin; for when examined with a moderate magnifying power, they are found to consist of half-formed cells, fibres, &c., associated with a granular matter that resembles coagulated albumen. If this pathological suggestion be correct, how much must depend on a judicious invigoration of the nutrient and reparative energies of the system, if we hope to arrest the progress of this fatal malady.—*Med. Times*, Jan. 20, 1844.

Stone in the bladder of children.—Dr. Aberle in the *Allgemeine Zeitung fur Chirurgie* recommends a plan of relief in these cases without operation. His object is to diminish the spasmodic action of the circular muscles, to attain which he gives internally an emulsion of hemp seed, with the extract of henbane, and prescribes frictions on the perinæum with belladonna ointment. In the case of a boy, in whose bladder a stone of the size of a large pea was sounded, this plan was tried, and eight hours afterwards the stone was found in the canal of the urethra, whence it spontaneously disengaged itself. Thirteen other cases were tried by the doctor with equal success, and in no case was the paralysis of the *sphincter vesicæ* of any length. The fact that the walls of that vessel are formed exteriorly by longitudinal muscular fibres constituting the *detrusor urinæ*, and internally by muscular fibres obliquely curved, and which are thicker as, nearing the neck of the bladder, they form its sphincter, is of course the fundamental hope of this plan of treatment. Gravel is a common malady in the district of the author.—*Ibid.*

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Ligature of common iliac.—Mr. Richard Hey has recently performed this operation for the cure of an aneurism of the external iliac. The ligature came away on the thirtieth day.—*Prov. Med. Jour.*, Jan. 27, 1844.

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Fibrous tumours of the Mamma.—Prof. Cruveilhier read to the French Academy of Medicine on the 9th of January last, a memoir on fibrous tumours of the breast, often mistaken for cancer. The conclusions to which the learned author has arrived are, 1st. That the mammæ may become the seat of fibrous tumours. 2d. That they are to be distinguished from scirrhus and cancer, from their not being adherent. 3d. That they never become cancerous, and ought not therefore to be extirpated.—*Med. Times*, Jan. 20, 1844.

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Paralysis of the Bladder.—Dr. Ross of Cambusmore gave an old man, labouring under paralysis of the bladder from over distension, the secale cornutum in the dose of ten grains gradually raised to half a drachm, with the happiest effects. The medicine was administered in the form of powder, mixed with warm water.—*Ibid.*

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THE

MEDICAL NEWS

AND

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CLINICS.

PHILADELPHIA HOSPITAL, BLOCKLEY.

Report of four cases of Puerperal Fever occurring in the Lying-in Wards of the Philadelphia Hospital, Blockley. From Notes taken by WALTER CARY, M. D., Resident Physician.

Service of Dr. Gillingham.

CASE I.—M. D., aged 25 years, a short stout healthy Irishwoman, was confined with her first child at 7 P. M., November 10, 1843. The birth of the child was retarded by considerable rigidity of the os uteri, during the dilatation of which she suffered from very constant and severe bearing down pains. To mitigate these, and to promote the dilatation, she was bled ℥xix. The labour was in other respects a natural one. Her health previously had been good except a tendency to constipation.

Nov. 11th. 9 P. M. Her bowels not having been opened since her confinement, an ounce of ol. ricini was directed to be given.

12th. She was seen in the afternoon, and appeared cheerful and as well as could be expected. The oil given last night had operated once. 8 P. M. She was found with a flushed face; anxious countenance; skin hot and dry; pulse 136, small, firm, and corded; tongue furred; pain on pressure in the right iliac region, which was increased upon rotating the right leg; no tenseness, and but slight tympanitis of abdomen. She complained of lightness in the

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent GRATUITOUSLY *to all subscribers to the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on Number Twelve.*

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head. The secretion of milk and discharge of lochia both good. Her chest, face, and arms were covered with an eruption of urticaria. These symptoms came on without rigors or chilliness. V. S. ad. f℥xv. ℞. Mist. neutralis, f℥ss; spts. etheris nit., gtt. xx; antim. et pot. tart., gr. ¼.—q. h. 4. Hop poultices to the abdomen.

13*th*. 12½, A. M. Was sent for to see the patient, and found her suffering intensely. She lay upon her back, with her head raised and limbs drawn up; her countenance was pale, anxious, with a dark circle around the eyes, and covered with perspiration; constant floccitation; pulse 140, small, compressible; the temperature of the skin slightly raised; she was sweating freely; complained of great thirst; respiration short, hurried; abdomen of the size it was before delivery, tense, tympanitic, with great tenderness on pressure in right iliac region; she was unable to move without great pain, and the weight of the bed clothes was insupportable. She complained much that the hop poultices increased her sufferings, and they were therefore discontinued. ℞. Hirudin. No. xl, to right iliac region. ℞. Tr. opii, gtt. xxx. 10 A. M. The leeches and laudanum afforded some relief, and the patient has slept since. The pulse is 140, fuller than at the last visit; the skin continues moist, although the sweating has much decreased; abdomen still swollen and tympanitic, but much less painful to the touch. The lochia and secretion of milk continue, but in diminished quantities; respiration hurried, costal; has some lightness of the head, with cephalalgia; bowels not open since yesterday morning. The eruption of urticaria is still out. ℞. Ol. terebinth., f℥ss; ol. ricini, f℥i; mucilage, q. s. ut. ft. enema. Continue the neutral mixture. 1 P. M. There was an exacerbation of her symptoms. The countenance was more anxious than in the forenoon, and the pain in the abdomen had become more severe, shooting at times down to the knees; the tympanitis and tenseness continued; decubitis dorsal; respiration 36, with moaning. The enema had not yet operated. ℞. Ol. ricini, f℥i; tr. opii, gtt. xx, statim. ℞. Hydrarg. ch. mit. pulv. ipecac. et opii, comp. ää, gr. iv.—q. h. 3. Continue the neutral mixture without the antimony and nitre. In the evening she appeared somewhat better; she had slept two hours, and awoke sweating freely, and with much less pain; pulse fallen to 100, soft; respiration 28, costal; no diminution of the tympanitis. The lochia and secretion of milk entirely suppressed. She vomited each time shortly after having taken the powders of calomel and Dover's powder; the oil had not operated. ℞. Ol. terebinth. f℥i; ol. ricini, ℥ij; mucilag. Oj. M. ft. enema.

14*th*. The enema last night procured two copious evacuations, which gave great relief. General amelioration of symptoms at noon of to-day. She slept some in the latter part of the night. Pulse 100; skin perspiring freely; countenance more cheerful; tongue less coated; mouth slightly sore from the mercurial; the swelling and tympanitis of the abdomen diminished; is free from pain, except in the right iliac and hypogastric regions. The powders discontinued.

15*th*. The patient slept well last night, with the exception of some disturbance from her child. Improvement continues. Evening.—Pulse 112, and soft; skin moist; abdomen soft and not tympanitic, but continues somewhat tender to pressure. The lochia and secretion of milk are returning, though in small quantities. Ptyalism well marked.

16*th*. Continues to improve; the lochia and secretion of milk increasing in quantity. Pulse 101. Nothing farther was required, except an occasional laxative, and the convalescence went on rapidly.

Case II.—D. S., aged 19 years, a healthy girl, of florid complexion and moderate stoutness, was delivered of her first child at 5 A. M. of November 12, 1843. The labour was easy and natural.

In the evening found the uterus high up in the right hypochondriac region, tender to the touch, and contracting on pressing it; pulse 68, soft; no fever; bowels open two or three times since morning; countenance cheerful; spirits good.

From this time until the afternoon of the 13th, she continued to do well; the uterus retained its uncontracted condition, and occasionally mounting as high as the umbilicus; the lochia and secretion of milk free. The pulse now began to rise, and by evening had reached 108, and was firm and corded; pain, which gradually increased in severity, was developed in the uterine tumour; there was some resonance of abdomen on percussion: the tongue became coated; the bowels had not been open for twenty-four

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hours; the lochia and secretion of milk continued free; no anxiety of countenance. She had vomited an hour after taking a powder of calomel and jalap, ordered in the afternoon. V. S. ad. fʒxviii. ℞. Hydrarg. c. mit., gr. xii.—To be taken immediately. ℞. Mist. effervescens, q. h.

November 14th. Was called to the patient in the night on account of her suffering from pain in the abdomen; bled her fʒxiv. The bowels had been open once. The blood drawn at each of the bleedings was buffed and cupped with a firm coagulum. This forenoon she is free from pain, except on pressure in the hypogastric region. Pulse 120, still hard and tense; skin moist, and its temperature but slightly raised. The lochia and secretion of milk free; bowels not open since last night; neither anxiety of countenance nor depression of spirits. ℞. Ol. ricini, fʒii; statim. In the evening the pain had returned; abdomen more tender to pressure, and quite resonant to percussion; pulse 120, small but hard and incompressible; bowels opened five times by the oil. She was raised to the sitting posture and bled until some effect was produced on the pulse, when it was found that twenty ounces had been drawn. She fainted for a moment, during which the pulse fell to 82, but in a short time rose to 120, *soft*. ℞. Pulv. opii et ipecac. comp., gr. x; statim.

15th. The blood drawn last night exhibits greater inflammatory appearances than that from the two former bleedings. Pulse 120, soft and small; has neither fever nor pain; countenance cheerful; uterus still prominent; slept all night. At the evening visit the patient was found to have continued to improve, and soon became entirely convalescent.

Case III.—C. P., aged 28 years, was delivered November 17, of her fifth child. The labour was rapid and easy, but followed by some flooding. She remained as well as usual for forty-two hours, when she complained of a sharp lancinating pain in the uterus, which was high in the abdomen; this was soon followed by severe rigors, which lasted half an hour; the pain increased in severity during the chills, and took an intermitting character, occurring every four or five minutes in the hypogastric region, and leaving her tolerably free from pain in the intervals. Her countenance became anxious, and expressive of great suffering during the paroxysms of pain, with the eyes injected and the balls turned upwards. There was also acute pain on pressure over the hypogastric and right iliac region. After she had reacted from the chill the pulse was found to have risen to 126; the pain in the abdomen severe; decubitus dorsal, with the limbs drawn up; the lochia and secretion of milk free; some cephalalgia; fever. V. S. ad. fʒxix. ℞. Pulv. opii, gr. ij; statim. ℞. Mist. effervescens.—q. h. 2. Five hours afterwards she was found to have been much relieved; disposed to sleep; less pain and tenderness of abodmen; fever very moderate. ℞. Ol. ricini, fʒi. ℞. Morph. sulph., gr. ss. Take at bed time.

20th. Patient slept well the first part of the night; the oil operated freely this morning. Pulse 100; the pain continues, but with longer intermissions; abdomen still very sensible to pain on pressure; no tympanitis; the secretion of milk continues; the lochia suppressed. The improvement of the morning continued at night. The uterus felt near the umbilicus, and quite tender to pressure. ℞. Sol. morph. sulph., fʒii.—q. h. 4.

21st. The lochia returning; no pain in abdomen except on pressure; no fever. A dose of oil was given, and the morphia continued, under the use of which she rapidly improved.

Case IV.—A. J., black, aged 23, was delivered of a feeble child, December 13th; labour natural; complained afterwards of being exceedingly weak. She had been in bad health, and was very much depressed in spirits. She did very well for the succeeding five days, and suffered only from some pain from over distension of the breasts with milk. On the fifth day, without any preceding chill, she was attacked with shooting pains through the abdomen. On examination the uterus was found in the superior part of the hypogastric region, and as well as the abdomen generally, tender to pressure. The pulse was 120, small and feeble; the skin somewhat warmer than natural; the tongue coated with a light yellowish-white fur, moist; the bowels had been freely opened; respiration hurried; no headache; secretion of milk and the lochia diminished. ℞. Hirudin. No. xxxv, to hypogastric region. The abdomen was directed to be covered with a large hot flaxseed poultice, and she was to have mucilaginous injections per vaginam. ℞. Hydrarg. c. mit. pulv. opii ipecac. comp. āā gr. v.—q. h. 3. The

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patient was found in the evening to be sinking rapidly. The pulse was too rapid to count, and very feeble; the respiration had risen to 50: the lochia and secretion of milk ceased to flow in the afternoon; the tenderness of the hypogastric region greatly increased. Stimulants were given, and a large blister applied to the abdomen. She died at 2 A.M. of the 19th.

The *post-mortem* examination was made fifty-five hours after death. Body emaciated. There was an effusion of about a pint and a half of citrine-coloured serum into the cavity of the peritoneum, without any lymph or pus. The peritoneum and omentum were generally and minutely, but not at all deeply injected; the injection was most marked in the uterine region; the serous coat had not lost its polish. The fundus uteri was as high as the umbilicus; its posterior surface was of a dark purple, almost black, colour which did not communicate itself to the parts lying beneath it; the substance of the uterus was soft and friable; the fallopian tubes were swollen, and had the same dark colour, from deep injection, observed in the uterus; the ovaries were enlarged, but not inflamed.

This was the only fatal case of puerperal fever this winter, and also the only case which occurred in the black women's obstetrical ward. This ward is removed some distance from the white women's ward, and is in a distinct portion of the hospital.

For the last three years puerperal fever has prevailed epidemically during the winter months, in the lying-in wards attached to this house. The present buildings have now been occupied nearly ten years. They were then perfectly new. There were no deaths from this disease for *first* and *second* years (calculating from August to August) after their occupation; in the *third* year there was *one death;* in the *fourth, three deaths;* in the *fifth, one death;* in the *sixth, three deaths;* in the *seventh, none;* in the *eighth, eight deaths;* in the *ninth, eight deaths;* and thus far in the *tenth* year, *one death.*

It generally commences in January or February, and continues until some time in March, when it disappears until the next winter. Not a case occurred from March to November of last year.

This season it made its appearance in the white women's lying-in ward, as early as the middle of November, attacked four of the five women who were confined before the first of December, and then disappeared. Three of them are the cases above given. The fourth one was *very much like* the second case. There was the same want of decided symptoms; the pulse was corded and rapid; there was some tympanitis and some pain on pressure, without the prominence of the uterus. She was bled but once, and her convalescence neither commenced so soon nor proceeded so rapidly as the case given, although she did not lose so much blood by ƒ℥xxx.

Nothing was seen of the disease in this ward during December; all the women confined convalesced without any bad symptoms. But in January and February seven of the eleven women confined were decidedly ill, and considerable anxiety was felt for a while respecting the recovery of one of them. In most the pulse rose to 120, and two or three times as high as 130, accompanied by the general symptoms of fever; this lasted from three to ten or twelve days in six cases, and in the one already referred to, between three and four weeks. Tenderness of the abdomen, with some tympanitis, was noticed three or four times. The secretion of milk was not ascertained to be notably diminished, except in the case so long ill; the lochia disappeared in three cases until brought back by the constant application to the vulva of cloths as hot as they could be borne. The bowels were generally easily opened.

It would have been interesting to have had notes in detail of the case where the convalescence was so protracted, for it was a case of fever in a puerperal woman uncomplicated with inflammation as far as could be diagnosticated; and it did not resemble the common fevers of the country. The case soon assumed an adynamic form, and required the liberal use of stimulants and tonics. She had enjoyed good health before her confinement.

George N. Burwell, M.D.,
Resident Physician.

ST. MARYLEBONE INFIRMARY.

Clinical Lectures on Stricture of the Urethra and its Treatment. By B. Phillips, F.R.S., Surgeon to the St. Marylebone Infirmary.

We have in this establishment a large number of old men, of whom many are con-

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stantly under treatment for disease of the urinary organs. Many suffer from stricture of the urethra; and to this division of the subject I now wish to direct your attention.

You must recollect, for it was under treatment not long ago, a case where, from the sensibility of the canal, I was obliged again and again to abandon the use of bougies for a time, even after we had succeeded in passing them through the stricture: in that case we at last smeared the membrane in the neighbourhood of the stricture with lunar caustic: you must recollect, also, how very remarkable was the effect—how perfectly well we were enabled to proceed with the bougie.

You may think that the foregoing, as well as the succeeding cases, were commonplace enough; so they are, but they are like such as you may expect to meet with in practice; and they are not always easy to treat, and it is for these reasons that I speak of them.

W. M., aged 45, had stricture of the urethra of long standing, which had given birth to several attacks of complete retention. On each occasion he had been relieved by introducing an instrument and keeping it in contact with the stricture until a strong desire to make water was felt; the instrument was then withdrawn, and a little water dribbled away after it. When I commenced the treatment of this case, a metallic flexible bougie was introduced several times, and kept firmly in contact with the stricture for an hour without penetrating into it. At last it passed on, and for more than an inch the passage felt rough. The dilating plan was followed up, the instruments were left in the urethra for an hour each time, and at last the canal was restored nearly to its natural condition. In this case the tendency to contract anew was very slight—so slight that as much as six months have passed without the introduction of a bougie.

W. W., aged 41, had stricture of many years' standing, for which the treatment by dilatation had often been employed. His sole complaint was of the difficulty of making water, and the frequency of the desire. I attempted, but without success, on four occasions to pass bougies of the smallest size, both plaster and catgut. I then introduced, every second or third day, a No. 8: I kept it in contact with the stricture for an hour each time, and on the sixth trial it passed on. From this time the bougies were gradually enlarged; they were always kept in the urethra from half an hour to an hour, until the natural calibre of the canal was restored. At present he passes a bougie once a month, but he always finds that a sensible contraction has taken place in the interval.

The two men now present, and the one lately discharged, have exhibited no complication beyond a certain amount of irritability of the bladder, though in each the stricture was so close that nothing was passed through it for many days. You saw me try again and again to introduce bougies of the smallest size, and as often fail. You have also seen that we then resorted to the use of larger sized bougies, and that after failing several times, the instrument, by patience and perseverance, has passed on to the bladder. One of these men will be discharged to-morrow, but with the injunction to come here once a month, or oftener if necessary. In the third case we have passed two strictures, but we have not yet conquered the third.

You have lately seen under treatment other cases of what are called very close strictures of the urethra. They were none of them so close but that water would dribble away; but they were all too close to admit the smallest sized bougie.

In those, as in most of the cases I have ever seen, the contraction succeeded to one or more attacks of gonorrhœa, and was, in fact, owing to an induration of the walls of the canal as a consequence of the inflammatory action set up at the part by a gonorrhœa. You will often hear of a kind of stricture, which is believed to be independent of any such thickening; it is called *spasmodic*. If by a spasmodic stricture be meant an obstacle existing in the canal of the urethra to the passage of the urine, independent of any structural lesion, I believe it is of very rare occurrence, if, indeed, it can happen at all: but if we attach to it another signification—that it is a state of spasm determined by disease existing in the canal—then, undoubtedly, we may often meet with it. It is very rare that a permanent stricture, as it is termed, completely blocks up the canal, but as it prevents the bladder from completely emptying itself, the urine becomes more and more acrid, and when it comes into contact with the stricture it induces a certain amount of spasm, or at least increased contraction.

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By a *permanent* stricture we mean a material obstacle to the passage of the urine on the one hand, and of a dilating instrument on the other, that obstacle being almost always constituted by a thickening of the walls of the urethra, the result of inflammatory action set up at the part. In most of the cases I have examined, the thickening has extended to a certain distance on either side of the point of greatest contraction, and has not much changed the character of the mucous tissue itself, but has principally affected the sub-mucous tissue; and this is a point which it is essential you should bear in mind for reasons which will appear hereafter.

You may find what are termed *bridle-strictures*, of which you can see a representation in Sir Charles Bell's work on the Urethra, but they are not often met with. How they are formed it is not very easy to determine. Goulard seemed to think they were constituted by a fold of mucous membrane. Morgagni regarded them as the results of small ulcers, and probably he was near the truth. Some pathologists have conceived them to be a kind of false membrane.

The older pathologists thought urethral obstructions were mostly caused by *excrescences, fungous growths*, or *polypi*. That such things have been met with in practice has been abundantly proved, but it is equally clear that the occurrence is extremely unfrequent.

You may find the urethra blocked up at or near the orifice; when this happens, the affection is either congenital—a malformation—or it is caused by violence, or is the result of ulceration. You may find the obstruction in the navicular fossa. It is then caused either by the retention of a calculus at the point, or by the consequences of gonorrhœal inflammation. You are aware that the external orifice is the narrowest part of the urethra; a particle of calculous matter may pass along the urethra until it gets near the meatus; it is too large to escape, and it is there retained, and may set up enough of irritation to produce thickening and contraction. The seat of inflammatory action during the acute period of a gonorrhœa is not far from the orifice; and a contraction may result from the inflammation so set up; but this does not happen frequently. Stricture is not commonly the result of acute, but of chronic, inflammation, which is not often found in that situation.

You may find a stricture at any point between the navicular fossa and the curvature, and its occurrence is not rare; but it is at the curvature of the canal that strictures are commonly found. When we consider that this is the region where chronic inflammation is so commonly seated, that here the direction of the canal is so changed that harm may be done by the imprudent use of instruments, it is not surprising that it should be, *par excellence*, the seat of stricture.

Of the causes of stricture, out of all proportion the most frequent is gonorrhœa: probably out of every 100 cases of stricture which may come under observation 98 or 99 are owing to that cause. Many persons hold a different opinion, and say, if gonorrhœa be the common cause, how comes it that stricture is not most commonly found in the navicular fossa, which is, it is said, the seat of gonorrhœal inflammation? I have already stated that stricture is not commonly produced by acute inflammation; it is usually the result of a chronic long-continued action. Whatever may be the common situation of acute action in gonorrhœa —and it is by no means proved that it is the navicular fossa—certainly when chronic it is ordinarily found near the curvature. I have, however, known stricture to be produced by the injury done to the urethra by chordee. Some people think that strictures are more commonly the result of astringent injections than of gonorrhœa. A gonorrhœa cured in a moderate time does not, it is true, often produce stricture; but when the acute symptoms gradually give place to a protracted chronic discharge, then contraction may be looked for as an impending evil. I do not mean that a slight discharge, though continued for months, or even years, is necessarily the precursor of stricture, but it is nevertheless true that commonly it is so. Now it is to cure those chronic discharges that injections are commonly used, and it is rather a strong measure, under these circumstances, to refer the stricture to the injection rather than to the disease for which the injection has been used. In most cases the injection used gives no pain, and then no harm need be expected from it; but if it be painful, if it increase the inflammation at the diseased point, it may of course do harm. There is an opinion that the use of the bougie or the sound as a curative agent is a frequent cause of stricture. I hope this is

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incorrect, and think it is so. That many people fancy they have stricture when they have not, and that they proceed to consult a medical man on the subject, is true; that he examines the canal by passing an instrument along it, is also true; that if he be wanting in the necessary dexterity he may do harm, more particularly about the curvature, I cannot deny; that because there was some difficulty in passing the instrument he has used undue force, and done an injury which may lay the foundation of stricture, is of course possible. In point of fact, I have known patients who have had bougies introduced for months, sometimes with much pain, who previous to treatment made water by a full stream. But at last the number of men who go to be treated for stricture when the urethra is empty is comparatively small. I do not doubt, however, that strictures are often made worse by the mode in which they are treated. Strictures are sometimes produced by external violence. I have more than once known them to happen from contusion of the perineum upon the pummel of the saddle causing laceration of the canal. I have known them to follow the use of lithotrity instruments. They may happen, indeed, from any cause capable of setting up inflammatory action in the canal.

(To be continued.)

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Victim of Hydropathy—Death of Sir Francis Burdett. Hydropathy appears to be now the reigning medical delusion in England. The patrons of quackery are remarkable for nothing more than for their instability. Now rushing to Swaim for his panacea, next to the homœopath for his globules, then to the hydropath with his wet sheets, &c., &c., &c.

Homœopathy, as we predicted, is going down, while hydropathy is in the ascendency, and has already immolated hecatombs of its blind votaries.

Among its latest victims is Sir Francis Burdett. We find, in the *Provincial Medical Journal* of Feb. 3, the following account of this circumstance.

"The death of this kind-hearted man tempts us to make one or two observations on the inconsistencies displayed by those who desert the rational and well-educated physician, and place implicit confidence in the delusions of quackery.

"We learn that, during the last autumn, Sir Francis placed himself under the care of an hydropathist, who keeps an establishment in the neighbourhood of London, and who assured him that if he adopted the so-called water-cure he would be relieved of all future apprehensions of the gout. Notwithstanding the failure of this prediction—for Sir Francis had an attack of the old complaint in December—he persevered in the cold water treatment, and it is said was so absorbed in it that he actually rode out on horseback wrapped in wet towels. Under this foolish discipline he became reduced to a considerable state of debility, when, in the middle of January, the death of Lady Burdett, his faithful companion for half a century, gave the finishing blow to his vital powers. He never held up his head afterwards. His heart became feeble in its action, and incapable of relieving itself from the blood poured into it; the lungs consequently became engorged; this naturally produced hemorrhage; the vital powers never rallied, and delirium and death soon followed in inevitable sequence.

"On the occurrence of the above alarming symptoms, his family, naturally and reasonably alarmed, insisted on the discontinuance of the water system, and urged the necessity of regular medical aid. But even now two invaluable days were wasted; for Sir Francis insisted on seeing a homœopath, whose silly inanities usurped the place of active invigorative treatment. After this the efforts of medicine were fruitless.

"Estimable as this fine old English gentleman was in all the relations of private life, he was an instance that neither a vigorous understanding nor a refined education are proof against delusions of all kinds. And it requires but little trouble to prove by his example how contrary to common sense is the practice of those who are addicted to quackery. Their belief is a blind credulity, led by an excited fancy. It is supported neither by fact nor argument, and, therefore, cannot be shaken by them, however palpable."

The *Dublin Medical Press* (Feb. 14,) thus comments on this case.

"We have already spoken of the knavery of quacks and their patrons; here we have another example of that weakness of their victims upon which their success mainly depends. People often wonder why so clever a person as Lord This, Sir That, or

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Mr. Such-a-One, should allow himself to be deluded by bare-faced impostors, who gain an ascendency over him; but such people do not perceive that persons considered clever on account of their success in particular pursuits, are frequently weak-minded and uninformed in other respects. A man may be a good lawyer, a successful merchant, a subtle theologian, a profound politician, and even a tolerable physician, and yet be incapable of distinguishing between facts and fallacies. A medical practitioner of some repute in London, in former times, was ruined by his advocacy of the impostures of a woman named Tofts, who persuaded many that she periodically brought forth rabbits, and in our time we have seen another become the victim of the mesmeric delusion. Many of our readers must have observed that quack-fanciers are generally persons of feeble mind, notwithstanding a certain ability to conduct their own affairs. If opulent, they are generally purse-proud, consequential, fussy, and full of their own importance; if indigent, they are as often restless, fidgety, uncertain and impatient. They have little judgment, and place too much reliance in that little. Poor Sir Francis's history proves him to have been an inconsistent and infirm man, and we were therefore never surprised at his patronage of the fireings of singeing Long, or the waterings of Priessnitz and his knavish disciples. That he was a popular political character we admit: but any man with a full purse, a long tongue, and an empty head, may be that. The possession of wealth, without sound education or natural abilities, often leads invalids so circumstanced to take refuge among quacks. Experience has taught them that all the good things of this life are to be had for money, and they therefore, without thinking, persuade themselves that they can purchase health also; and so, like fools, they run from one doctor's shop to another, until at last they find themselves in the arms of Mesmer, Hahnemann, or Preissnitz."

—

Homœopathic Soup.—We do not vouch for the authenticity of the following formula for homœopathic soup, but if not genuine, it certainly deserves to be so.

"Take two starved pigeons, hang them by a string in the kitchen window, so that the sun will cast the shadow of the pigeons into an iron pot already on the fire, and which will hold ten gallons of water—boil the shadows over a slow fire for ten hours, and then give the patient one drop in a glass of water, every ten days."

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Bloomingdale Asylum for the Insane.—Dr. PLINY EARLE has been appointed physician to this institution.

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Medical Classes, Session 1843-44.—College of Physicians and Surgeons, N. Y., 182; Albany Medical College, 108; Geneva Medical Institution, 195; Medical College of Ohio, 185; Louisville Medical Institute, 242; Medical College of the State of South Carolina, 224; Transylvania University, 214.

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Medical Graduates in 1844.—Harvard University, Boston, 17; Jefferson Medical College, 114; Medical College, Richmond, Va., 24; Louisville Medical Institute, 47; University of Maryland, 38; Transylvania University, Lexington, 59; Medical College of the State of South Carolina, 82; Ohio Medical College, 36; College of Physicians and Surgeons, N. Y., 32; University of the city of New York, 93; Jackson Kemper College, 27.

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FOREIGN INTELLIGENCE.

Patent Foramen Ovale.—Dr. MAYO records a case in which the patient attained her 57th year with this malformation without the occurrence of cyanosis, which did not take place until four days before her death, and then in consequence of fright.—*Med. Times*, Feb. 17, 1844.

—

Ovariotomy.—Mr. WALNE has published, in the *London Medical Gazette* for the 23d of February last, the case of ovarian tumour in which he was obliged to leave the operation incomplete. After making a tentative incision five inches in length, he found the adhesions of the tumour so extensive and intimate, that he thought it advisable to stay proceedings; the wound was closed and the patient recovered.

In another case the ovaria were removed, but with a fatal result.

In five cases, then, Mr. Walne has succeeded in three, was obliged to leave the operation incomplete in one, and the fifth terminated fatally.

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CLINICS.

PENNSYLVANIA HOSPITAL.

Introductory Lecture to the Course of Clinical Surgery in the Pennsylvania Hospital. By G. W. Norris, M. D., one of the Surgeons.

In selecting for a course of surgical lectures to be delivered within the precincts of an hospital offering opportunities for operative display so great as that in which we are now met, many of you may deem it singular that I should have chosen a subject so trite as the one I propose treating of; and before entering upon the immediate matter of the course it may be well to explain, in a few words, the motives which have led me to this choice.

I believe, gentlemen, that a crying and increasing defect in the teaching of these times, is a neglect of the principles of surgery. Beginners in the study of our science naturally enough become weary of the de-

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent GRATUITOUSLY *to all subscribers to the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on Number Twelve.*

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tail of principles, and when opportunities offer, love to wander off to witness operations. These when determined upon with judgment, while they distract the mind from tiresome rules, instruct in what is certainly a highly important part of the profession, and to a wholesome degree should be encouraged; but important and dazzling as the calmness of mind and ability to perform them well may be, it is to be remembered that their acquisition is the least part of a surgeon's education, and a necessity for their performance the opprobrium of our science. To understand the nature of the affections in which operations are demanded, and to distinguish accurately these from such as are remediable by medical means, to determine the moment when the knife should be resorted to, and under what circumstances it is to be withheld, to know precisely what should be done before an operation, and the best course of treatment after it, are the great and difficult points to which attention should at all times be principally directed. Operative surgery, much as it should be valued, is, when compared to these, of only secondary importance; and incessantly to dwell upon it and magnify its results, and consequence, is again to degrade our science to the rank which in former times it held when connected with the barbers.

At the present day I think too many of the teachers of surgery forget these homely truths, and instead of inviting attention to the mastering of all important principles, and dwelling upon their necessity, suffer themselves to be led off by this love of novelty, and constantly seek for means to glut the eyes, and fill the ears of their deluded classes by bloody narratives and shows.

Look back upon the occurrences in operative medicine within the last few years, both in Europe and in this country, and how melancholy, how degrading to true science, is the spectacle presented. The press monthly sending forth its memoirs urging the adoption and performance of so-called operative improvements, without attempting to show their necessity or propriety, or deigning to speak of failures or reverses—the journals but too often filled with the exploits of mere cutters, and in too many instances used as vehicles for advertisement by operative charlatans, while even occupants of professional chairs will be found to have been endlessly dwelling upon them, to the neglect of the more important but less taking branches of the science. So voracious has been the demand for operations, that even in large cities the supply of legitimate ones gave out, and in order to furnish the market with material, the unfortunate subjects of deformity were laid hold of. Eloquent lectures were continually delivered on tenotomy and myotomy, the operations described in glowing terms, the numerical method invoked and the number of times each of these operations was done in the different regions of the body heralded to the student, and the world at large, and stammering tongues, squinting eyes, and contracted tendons, divided and recommended to be divided, without for a moment stopping to examine whether vision was to be benefited, speech made more free, or locomotion more perfect, or whether any cases were ever met with to which the knife was altogether inapplicable.

The cultivation of morbid anatomy and pathology, which for the last quarter of a century has been followed with an ardour previously unknown, by indicating better methods of treatment, as well as by exposing the constitutional origin of what were before regarded as purely local diseases, and by pointing out the grave affections of the general system which so frequently supervene on diseases which in their origin are purely local, has greatly diminished the number of really necessary operations, and it would be to the benefit of the student, as well as more honourable to humanity, and to our profession, if instead of dwelling upon doubtful operative procedures, teachers would more constantly direct the attention of their pupils to the attainment of this really useful knowledge.

Not only do I believe operative surgery at the present day to be too much dwelt upon, but its beneficial results are in too many cases also greatly magnified, while at the same time, the attention of the student is not sufficiently directed to its total failures. How many of the reported cures of deformity from tendon cutting are either yet undergoing the slower but more certain cure with machinery alone, or are utter failures? How many cases of strabismus announced as cures are daily to be seen with prominent eyeballs, outward squints, or injured vision? Of the numerous operations done for the relief of stammering, it has been asserted, and I believe correctly, that not a single well attested cure has been wrought, and yet in the

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lectures so constantly delivered upon these subjects how seldom do you hear of reverses, or in the treatises upon them, how little do you find to show, that bad results and total failures are often consequent upon them? Most practical surgeons are well aware of these results, but many of the profession, those destined to take rank there, and the public, seem to be still ignorant of them, and this from the fact that the channels through which the reported successes are made known are silent on the subject of all unfortunate terminations. May we not expect that the time will yet arrive when but half told truths shall be accounted as censurable in surgery as they are in justice? In operative medicine as in all other matters connected with our profession, the Father of American surgery shines forth a bright example to us, and would that they whose stations give authority to their teachings, would frequently recall it to the recollections of their pupils. Justly looking upon improvements in medical surgery as infinitely more glorious than displays with the knife, he on all occasions zealously endeavoured to avoid the performance of bloody operations. Fixed in his principles, no desire of notoriety, or wish to appear as an originator, ever induced him to operate in cases of doubtful utility. Candid in his opinions to the suffering on the probable benefits of operative measures, and to the profession on his results, he rose to occupy that niche in the Temple of Fame to which his countrymen have unanimously elevated him; and may we not hope that a recollection of *Physick's* course will yet one day win back those who have strayed from the paths of legitimate surgery, impel students to eschew that desire of operative show and notoriety which is now so baneful and so common, and induce them to bestow more attention to the acquirement of the solid principles which will guide them in the treatment of disease, than to witnessing operations the actual and final results of which are not presented, and which from their nature can but in very few instances be determined by them.

Entertaining opinions such as these, I have judged it best to pass over the many subjects in operative medicine which are constantly presenting themselves to notice in our wards, in order to bring before you one which leads to the study of principles, and have selected that of "injuries to the bones;" a class of accidents of which during your attendance upon this hospital you will have numerous examples constantly under your eyes, and one than which there is none in the whole range of surgery that it is your interest, as well as duty, more thoroughly to understand. Common the subject certainly is, but its importance may be judged of by you from the fact of its having in all ages engaged much of the attention of the most eminent practitioners. Hippocrates devotes a book to the treatment of fractures, and the minute and excellent precepts given by him in regard to their reduction, position and the application of bandages and dressings, show what attention had been paid, and the great importance which even in his day was attached to them. Celsus accurately and methodically treats of them. Paré and Wiseman, who may be regarded as the fathers of French and English surgery, both treated of these injuries at great length. Petit, Duverney, Pott, Dessault and Dupuytren, all devoted great attention to the bones and their injuries, and the three first mentioned published treatises on the matter; and the venerable and respected Boyer, whose position was not less elevated than that of either of the surgeons mentioned has also furnished a volume on these subjects, which will challenge comparison with any other of his admirable writings. The treatise of the late Sir Astley Cooper on Dislocations and Fractures of the Joints remains a lasting monument to his fame, and will be consulted for the valuable precepts and experience embodied in it, as long as surgery continues to be cultivated as a science. Our own Physick, too, in an especial manner devoted his attention to these accidents, and of such importance did he consider the complete understanding of this common class of injuries, that in all his various courses of lectures both in this hospital and elsewhere, he gave much more time to the consideration of the bones and their injuries than to any other topics which he treated of, and though the subject may be wanting in the charm of novelty, you will find it one of great practical interest, and involving the consideration of many of the fundamental principles of surgery. Their variety and frequent occurrence, the serious complications which they oftentimes present, the violent constitutional symptoms to which they may give rise, and the importance of their proper treatment not only to the patient, but to the lasting reputation of the practi-

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tioner, added to the necessity of often determining speedily one of the most difficult and delicate questions which the surgeon is ever called upon to decide, viz. whether a limb must be sacrificed in an attempt to save life, or whether the injury is one which will allow of a reasonable hope of recovery without amputation—all make them worthy of your most attentive study, and I cannot do better than urge you, gentlemen, to spare some of that time which as I have just said it is now too common to give to the consideration of novelties of more than doubtful utility, to the attainment of the principles which should guide you in the treatment of these serious and everyday accidents. Let me caution you, however, to beware of falling into that common error of the day of placing undue importance upon mere lectures. The knowledge derived from them is not alone sufficient to fit you for the practice of our profession. At best the elements only, can be by them acquired upon which a superstructure is afterwards to be reared, the materials for which are to be obtained no where but at the bed side and in the dead house. To assist you in the acquisition of this knowledge, by pointing out the symptoms of disease or injury, the means of diagnosis —the indications to be fulfilled for its cure— the proper mode of applying the various dressings and apparatus, and when opportunities offer, by exhibiting to you the diseased parts with a statement of the causes which have led to a fatal result, are the chief objects of myself and colleagues in our proposed course of instruction.

These objects will be effected principally by visits to the bed side of the patient—a method which possesses great advantages over that which has been adopted from Edinburgh of bringing the patient before you in an amphitheatre, inasmuch as instead of making the student see and hear only through his teacher, it allows each individual an opportunity of acquainting himself with the symptoms by a personal examination—of marking day by day the advance or diminution of the disease, and of testing the accuracy of all statements made in regard to it.

Let not the advice of those whose interests it is to keep up this semblance of true clinical teaching alone guide you in these matters. Employ your own judgments—attend the wards of an hospital—inform yourselves as to the mode of injury or history of the disease of a patient—examine the state of the tongue, the skin, the pulse, the countenance &c.; listen to the short and simple recital of the indications of treatment and the changes which have occurred in the interval of your visits, and watch the application of remedies—do this, I say, in only a few cases from their entrance to their exit, and then compare the knowledge of disease which you have thus received from personal observation with that which an attendance upon any amphitheatrical exhibitions can have imparted to you, and judge for yourselves of their relative advantages. For the means of clinical instruction no institution in the country surpasses this hospital, and none has more largely contributed than it has done to the diffusion of sound professional experience. Bound to no clique, and wisely keeping aloof from any connection with medical schools, she gives to all students from whatever quarter they may come equal advantages. Her managers are not, as has been asserted, backward in giving opportunity for medical instruction, but have invariably countenanced and aided it, when conducted in a proper spirit and without injury to the feelings and frames of the numerous dependants on their bounty. The number of surgical patients exceeds that of the medical, though very ample means are afforded in both for the study of both acute and chronic diseases. In the medical wards, in addition to the diseases which prevail in the city and its immediate vicinity, opportunity is afforded in the persons of the sailors employed in our coasting trade, of witnessing the fevers, more especially the various forms of remittent, which prevail along the different sections of our southern coast, and as individuals of very intemperate and dissolute habits are in great measure excluded, the character of disease which you will here meet with, and consequently the requisite treatment, are much the same as in respectable private practice. In our surgical wards, a very great proportion of the contusions, wounds, fractures and dislocations met with by the labouring classes of the city and surrounding counties are to be found, while excellent opportunities are offered of witnessing every variety of chirurgical disease. Of legitimate surgical operations, such as the extirpation of tumours, lithotomy, lithotrity, the ligature of arteries, amputations, &c., you will witness a fair proportion, though this branch of study has never been,

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and it will be our earnest endeavour that it here never shall be, pressed upon the attention of the student to the exclusion of medical surgery. Familiarity with the daily duties of a surgeon, such as an attendance upon this hospital must give, will, I am sure, gentlemen, make manifest to you the propriety of my choice of subject, as well as convince you, of the justice of the observations to which you have just listened in regard to the vast importance of a study of the cases ordinarily met with by the practitioner, and of the comparatively slight value which should be attached to any mere operative performances.

Cases treated in Surgical Wards of the Pennsylvania Hospital, since Feb. 24, 1844.

Service of Dr. Norris.

	Adm'd.	Disc'd.
Burn,	1	2
Caries of temporal bone,	1	
of elbow,		2
of pelvis and femur,		2
of spine,		1
Dislocation of shoulder, forwards,	1	1
Fistula in ano,	1	
Fracture of skull, compound,	1	1
of clavicle,		1
of humerus,	1	1
of forearm, compound,	1	
of radius,	1	4
of hand, compound,	1	2
of ribs,		2
of femur,	1	2
of leg, compound,	2	3
Impetigo of scalp,		1
Inflammation of knee,	1	
Ophthalmia,	1	
Paronychia,	1	1
Phymosis,	1	1
Retention of urine,	1	1
Scald,	1	
Sprain of ankle,	2	1
of wrist,	1	
Tumour in mouth,		1
Ulcer,	4	4
Venereal diseases,	3	4
Wounds contused and incised, gun shot,	9	8
Wounds, incised, of thorax,	3	2

Five deaths occurred during the month from the following causes:—One, in a woman, from an extensive burn, which involved a large part of the trunk and inferior extremities. One from a chronic carious affection of the bones forming the knee-joint, in an individual more than 70 years of age. One from a compound comminuted fracture of the skull. One from compound comminuted fracture of both legs in a man who was run over by a railroad car. One of the limbs was amputated below the knee-joint, about 28 hours after he was brought to the hospital, and 48 hours after the reception of the injury. In the leg which was removed, there was a compound comminuted fracture of the tibia and fibula, and the anterior tibial vessels were lacerated. In the other leg the fibula alone was broken; gangrene of this leg came on after the removal of the other. Another death occurred in an individual who was admitted for contused wounds of the scalp, and who was afterwards seized with mania-à-potu. The brain and lungs were found, after death, to be very much congested.

Four amputations were performed, two of which were on the superior, and two on the inferior extremity; one of the latter operations has been already alluded to. The other was rendered necessary in consequence of a bad compound fracture of the leg just below the knee. The accident occurred to a little boy who was run over by a railroad car. He was brought immediately to the hospital, and the limb was amputated above the knee. The vessels were not lacerated. A man, aged 38, was struck on the forearm by the fly-wheel of a steam engine, which produced a compound fracture of both bones. The ulna was broken at its middle, and the lower fragment protruded about three inches; the bone was also torn from its carpal articulation. The arteries were not ruptured; the soft parts about the elbow were much bruised. The forearm was amputated just below the elbow; the man is still under treatment. In these three cases the circular operation was resorted to. Another accident, from a similar cause to the last, rendered the removal of the hand necessary. The integuments were very much lacerated, and all the metacarpal bones were broken, excepting that of the thumb. The thumb, and a part of the metacarpal bone of the fore-finger were preserved; the remainder of the hand was removed at the carpo-metacarpal articulation. The individual is rapidly recovering.

F. W. Sargent, M. D.,
Resident Surgeon.

March 24th.

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ST. MARYLEBONE INFIRMARY.

Clinical Lectures on Stricture of the Urethra and its Treatment. By B. PHILLIPS, F. R. S., Surgeon to the St. Marylebone Infirmary.

(Continued from p. 31.)

The ordinary signs of stricture are usually pretty well marked; for some time there has been a discharge; it may be so trifling in quantity as barely to mark the linen; it is slightly increased by any irregularity, still it is very little: it is usually the sequel of a gonorrhœa. There may be no other inconvenience complained of. The diminution of the stream is so gradual that it is not noticed; at last, the contraction, slowly as it grows, prevents the bladder from completely emptying itself, because the bladder, like every other muscular structure, is incapable of continued action beyond a certain time; that time is long enough to allow of the complete evacuation when things are in a natural state, but when the bladder is allowed to get too full the expulsive action is frequently not sufficiently sustained for the escape of all the contents. So when the canal of the urethra is made smaller than natural, a similar result follows. In this state of things a certain portion of the contents of the bladder is constantly retained, and the desire to make water becomes in consequence more frequent. Instead of lying in bed from night till morning, he is disturbed once or oftener in the night, and then he goes to his medical man. Not, perhaps, because he thinks he has stricture, but because he has a little annoying discharge, and a frequent desire to make water. To the medical man the history of the case seems to point clearly to stricture; but he does not pronounce a positive opinion until he has passed a bougie along the urethra.

In many cases, however, we are not consulted until the stream becomes extremely small; or even until the urine dribbles away drop by drop, with a constantly recurring desire; with, perhaps, the parietes of the urethra behind the stricture giving way, to be followed by urinary abscess and fistula, or with some damage done to the prostate, the spermatic organs, the bladder, or the kidney. In this state complete retention is always impending; any slight irritation may cause the complete blocking up of a passage which before was barely pervious.

Now when you are called on to treat a case of stricture, the fact of the patient being able to pass even a very small quantity of urine, and that even with much straining, and the case where he cannot pass any, are capital points of difference. In the one case you have time before you, in the other every quarter of an hour may be doing much to seal the patient's doom.

Let us take the first case: the patient can pass a little water, though with much effort; your attention must be directed to make the passage larger, and for this purpose many agents have been recommended; but for practical purposes they may be reduced to two, *dilatation* and *cauterization;* for I will assume that under ordinary circumstances a prudent surgeon will not resort to any more violent means when the patient can still pass water a little at a time. Both those means have been regarded as permanently curative agents, the one acting, as has been supposed, by causing absorption of the morbid products by pressure, the other causing the destruction of the same product; the canal in either case remaining free. Once for all I tell you, that in cases of permanent stricture this is a result which you will not commonly witness, whether you employ the one agent or the other. You may make the patient's life comfortable; you may remove the danger which threatened him; but like suspected characters he must be ever after under "surveillance." I do not wish you to understand that this is the unvarying result, but still it is so common a one, that you must regard it as the rule.

Now let us see how these agents act; let us endeavour to estimate their relative value in cases such as we are now treating of; and let us begin with *dilatation.* As a certain portion of water will dribble away, no violent means are necessary; neither is it imperative that the obstacles should be overcome at once. You must, therefore, be content to try mild means. The common plan is to pass a bougie to the part and insinuate it into the stricture, but as this is often not practicable, much necessary poking follows, and the evil may in this way be rather increased than lessened. You have been accustomed to see me pursue a different course, and I need hardly say, that I think it is a better one. In two of the cases you have just seen, the strictures were so narrow that the smallest size elastic gum instrument did not penetrate into them; still you see that one of the patients can himself already pass a No. 10 bougie into the bladder, and I trust

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the other will be able to do so in a fortnight. In all these cases I use a moderate sized instrument: I pass it down to the contracted point, and I direct the patient to keep it firmly in contact with the stricture for an hour, if he can bear it without much discomfort; if not, for a shorter time. In some cases, by the end of an hour, the instrument will pass on to the bladder; in others it has to be repeated three, four, five, or six times before the obstacle is passed: there are cases where even a longer time may be necessary, but usually, if properly done, half a dozen sittings will enable you to get through the majority of cases. When your instrument has passed through the stricture the remaining treatment is usually easy, but there are certain things to be borne in mind: do not be in too much haste, do not introduce the instrument too frequently, do not enlarge the canal too quickly. You may find the urethra become too sensible to allow of your going on, many days may pass before you can prudently use it again, and when you do you will find the parts resuming their former state.

Some persons regard the bougie as a *curative* agent in stricture, under ordinary circumstances. I do not think so. I always recommend a patient who has suffered from permanent stricture, and whose urethra has been made free by dilatation, to watch narrowly the size of the stream of water, and even though he may not observe that it is lessening, he will do well to pass a bougie himself, from time to time, to assure himself that the canal is kept free. The frequency with which it should be done must depend upon the case; one man will find it necessary to do it once a week or oftener; another will let one or more months pass without finding the introduction of the bougie necessary.

As to the treatment by dilatation, it is certain that bougies may be used with less pain and danger than any other agent we can employ; they adapt themselves more easily to the curvatures, and excite less irritation, than metallic instruments, and the good is gradually achieved. The important question, at last, is this; do they merely act like a wedge, simply pushing the sides of the canal apart, and flattening any projections which may be found there? or do they cause the entire removal of the morbid product which constituted the stricture, so as to leave the parts in a natural state? I cannot doubt that, occasionally, a perfect cure is accomplished by the use of bougies; but it is difficult to say what was the exact condition of the parts in those particular cases. It is a notorious fact that, commonly, a permanent cure is not effected, and that the necessity for occasionally passing a bougie remains. I come, therefore, to the conclusion that the pressure of a bougie is, in a large proportion of cases, insufficient to procure the removal of the indurated matter causing the obstruction. Still, when dilatation is discreetly employed, relapses are much less frequent than when it is imprudently employed. It is unwise to dilate too rapidly; whenever you do so, the return of the trouble is prompt also. You may, in the course of forty-eight hours, pass a No. 12 bougie into the urethra, which, two days before, would not admit a No. 2. This mode of proceeding is objectionable for two reasons: you are treating the urethra as an inert canal, you may induce in it very troublesome inflammation, and by the end of a week you may be prevented from proceeding further, and in another week the evil may be more serious than when the treatment was commenced: the indurated matter was not absorbed, but only put aside. The prudent plan I conceve to be what you see employed here. Do not irritate the part by poking against the stricture a small bougie, which at last will perhaps not penetrate, and may make matters worse. Introduce a moderate sized bougie, keep it firmly and equally supported against the obstruction, let it remain there as large a portion of an hour as it can be borne without inconvenience. If it will not pass on by that time, remove it; and if the urethra be in a quiet state, you may repeat the operation on the morrow, always letting the instrument remain in the canal as much as a quarter of an hour if there be no discomfort; if the patient complain of tenderness, you may let one, two, or more days pass before you subject your patient to a second attempt. In this way you proceed until the instrument passes on; you then gradually enlarge your instrument; and you must be guided as to the frequency of the introduction by the state of the canal. If the treatment can be borne every day, there is no reason why it should not be followed up; if the sensibility be excited, you may do it every second or third day. When the canal is dilated sufficiently, you then lengthen the interval; at first you make it a week, then a fortnight,

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a month, or even longer; but ultimately the period of introducing the instrument must depend upon the tendency to contraction which may be manifested. You should, when the canal is free, teach a patient (unless you fear to trust him) to pass the bougie himself. If he be a private patient he will find it can be passed most easily before he gets up in the morning. So much I may say, that the relapses after the treatment of bougies are more manageable than those which follow cauterization or scarification.

Again and again *cauterization* has been proposed as *the* means of curing stricture of the urethra; still, at the present moment, it is little used in this country. This must be owing to one of the following circumstances; either the application of the remedy is difficult, the inconveniences attending upon its use are real and established, or the cure is not permanent. Many different caustic substances have been used, but at present it is upon the nitrate of silver and the caustic potash that most reliance is placed. Whatever caustic is used, the intention with which it is usually employed is to destroy the indurated matter which constitutes the obstacle.

Then, again, as to the mode of applying it: by some it has been sought to bring it in contact with the interior surface of the stricture; others have been content to apply it upon an anterior surface. We will now inquire, first, as to the practicability or prudence of *destroying* the morbid product; secondly, into the *mode* by which the caustic can be best employed; thirdly, whether, when used, *the cure is permanent.*

It is now a well ascertained fact, that the mucous surface itself is not much changed at the contracted point; that the indurated product is fairly and altogether outside of the mucous surface, very much limited to the submucous tissue, but continuous with the adherent portion of the mucous tissue. Now if that be, as I believe it is to be, a well-established fact, it follows that, if destruction be carried out to the extent intended, there must be complete destruction of the entire thickness of the mucous membrane. In that case I apprehend a cicatrix would follow, which would occasion a contraction much more difficult to overcome than that to which it has succeeded. Although I by no means deny that the whole thickness of a mucous membrane may be destroyed by caustic, yet it is much less easily accomplished than may at first sight seem possible. I have many times applied lunar caustic upon the mucous membrane of the vagina, but I have never destroyed the membrane by it so as to get a cicatrix. If you apply it again and again to the mucous membrane of the cheek, you will find you make very little progress; and I apprehend that, in the common run of cases in which caustic is applied to the urethra, the continuity of mucous membrane is not destroyed; the morbid product outside of it cannot therefore be destroyed. Eschars are no doubt formed and thrown off, but they make little impression upon the membrane of the urethra. It is unquestionably true that in twenty-four hours, or even much less, after the application of caustic, the patient may make water better than he did before the operation; but this is not because a part of the obstacle has been removed, for by that time the eschar is not come away, but because the morbid sensibility of the part is for the moment extinguished, and the urine passes over the point without exciting the parts to contract. I apprehend, therefore, that, in the majority of cases, the improvement which is often observed is owing much more to the extinction of irritability than to the destruction of the tissue. At the same time, a dilating instrument, a bougie on the one hand, a porte-caustique on the other, is kept steadily in contact with the part, and in the end the obstacle is passed.

For a long time caustic was applied to the anterior part of the stricture by means of the armed bougie: and when we know that it has been applied to a single stricture as many as two hundred times, we may readily admit how little destruction of tissue must follow each application. In all cases it is likely to act on the healthy tissue, and to cause accidents, among which tumefaction, threatening retention and hæmorrhage, were not the least frequent. The evils of this plan were not felt: at last it was proposed to avoid them by carrying the caustic fairly within the stricture, and applying it there, as it were, from within outwards. From this method of applying the caustic much was expected; its action was to be confined to the morbid growth, and when the first eschar was thrown off, the opening was to be enlarged by so much. The objection to this plan is, that if you have to treat a close stricture, you cannot get your caustic into it; you must first enlarge the opening by

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bougies before you can use the caustic; and when so much has been done by bougies, it may be said why not go on with them?

Now let me say a few words on the relative advantages of dilatation and cauterization. There was a time when I felt a strong conviction that caustic was the most certain curative agent in the treatment of stricture; a longer experience has satisfied me that that conviction was not well founded. I believe we know no means of effecting a permanent cure of advanced cases of stricture, but I think the best means we possess is the prudent employment of dilatation. You can always make the canal free by this means; and although it will commonly manifest a tendency to contract anew, yet the occasional introduction of a bougie may prevent this disposition from proceeding so far as to cause inconvenience. I do not doubt the cures that have been attributed to caustic; but in my opinion they have been mainly owing to the dilatation exercised by bougies and portecaustiques employed in the treatment. I apprehend the good derived from the use of caustic is owing to the modification of the sensibility of the canal, which has allowed of a more unreserved use of dilating bodies than could have been had without it. It is possible that the irritation of the caustic may do something towards exciting the absorption of the morbid product, and that which the bougie could not do alone might be effected by such an association. Still it must be admitted that, whether each plan be used alone, or whether they be employed in combination, the tendency to contract anew is commonly observed, and is best arrested by the occasional use of the bougie.

Although the remedy is in the patient's own hands, when the diameter of the canal has been once restored—although the remedy can be applied with scarcely any inconvenience, and notwithstanding that you have pointed out to him all the evils that may result from neglect of the means that you put into his hands—it is astonishing how little you can trust to the patients using them. A patient who has suffered severely once, and who has been made comfortable by treatment, will most likely suffer severely again. He will tell you that he had not perceived any diminution in the size of the stream, and that therefore he did not think it worth while to pass the bougie; at last he gets alarmed, and finds he cannot pass it at all, makes many attempts to do so, perhaps irritates the canal, and may induce retention. This is the common history of such cases.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

A real Simon Pure.—The following epistle is a choice one in its way. Madame Hahnemann it will be perceived inherits her late husband's mantle; whether his other garments have likewise descended to her and she intends to sport them also, she has not deigned yet to announce.

"*To the Editor of the Estafette.*"

"Mr. Editor,

"I thank you for having, in yesterday's paper, informed the public that *Madame Hahnemann is a homœopathic M.D.*, a fact with which none but her friends were yet acquainted. My title of Doctor, far more honourable in my esteem than that of princess, is not, as you ignorantly assert, an inheritance from Dr. Hahnemann; *I deserved this title by my labours, and it was conferred upon me by a special diploma*, which I received from an Academy having the right to bestow it, and the members of which are the first homœopathic physicians in the world after Hahnemann. It is quite as proper for a woman to be a physician as a Sister of Charity. The difference consists only in greater knowledge and ability. I pray you, sir,—and if need be—I require you, to insert my letter as it stands, in your next number.

"(Signed) Maria Hahnemann."

Paris, 13th Jan. 1844.

Our gallantry might be suspected, were we to question the profound judgment of this disinterested and modest widow, and on this ground alone we would yield our entire assent to them. But justice likewise requires this admission. It *is* certainly "quite as proper for a woman to be a physician," a homœopath one be it understood—"as a sister of charity," "the difference" consisting only in the "greater knowledge and ability" required—for the latter of course. We must even go further and say, that there is a peculiar propriety and fitness in the homœopathic doctorate being confined to women, particularly those whose *philanthropic* "labours" have gained for them a venerable title. It might be considered indeed venturesome, to assert that such a restriction does not actually obtain, though the individuals in question, it must be admitted, do not always appear in their proper costume, but incontinently com-

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mit the indiscretion, we had almost said the indelicacy, of sometimes exhibiting themselves in—inexpressibles.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Ovariotomy. This operation was performed by Dr. W. L. Atlee of Lancaster on the 29th of March last, and the left ovarium removed by the large abdominal section. The tumour weighed 10½ pounds. For the first five days the case seemed to proceed very favourably, when a change occurred, the patient rapidly sunk and expired about 10 o'clock, P. M., April 3d. On Post-mortem examination marks of œdema, peritonitis and inflammation of the colon were found.

The details of the case have been communicated, we learn, for publication in the next No. of the American Journal of the Medical Sciences.

Ligature of the Subclavian. We learn that this operation was recently performed by Dr. John Warren of Boston, at the Massachusetts General Hospital.

Epidemic Erysipelas. Epidemic Erysipelas, and Puerperal fever are prevailing, we understand, in Penn's Valley, and in the town of Bellefonte, Centre Co. Pennsylvania. The former is said also to prevail in Cincinnati, with the latter, we presume, in conjunction, as elsewhere.

University of Maryland.—Dr. E. Bartlett has been elected Professor of the Practice of Medicine in this School. Dr. B. at present fills the chair of Practice of Medicine in Transylvania University.

Philadelphia Medical Society. At an election, held on Saturday, January 6th, the following members were chosen officers for the year 1844. President, Prof. R. M. Huston, M. D.; Vice Presidents, Benjamin H. Coates, M. D., and Henry Bond, M. D.; Treasurer, John Wiltbank, M. D.; Corresponding Secretaries, Joseph Warrington, M. D., Isaac Parrish, M.D.; Junior Recording Secretary, John J. Reese, M.D.; Orator, D. Francis Condie, M.D.; Librarian, Nathan D. Benedict, M.D.; Curators, A. D. Chaloner, M. D., and Edmund Lang, M.D.

New Works.—The following works are, we learn, in preparation.

An Essay on the Philosophy of Medical Science. By Elisha Bartlett, M.D., Prof. of the Practice of Medicine in Transylvania University.

The Practitioner's Manual for the management of the more ordinary cases of Poisoning, &c. By Thomas D. Mitchell, M.D., Professor of Materia Medica and Chemistry in Transylvania University.

Pennsylvania Medical College.—Dr. Washington L. Atlee, of Lancaster, has been appointed professor of Chemistry, and Dr. David Gilbert, of Gettysburg, professor of Surgery in this School. The Faculty is now complete.

FOREIGN INTELLIGENCE.

Liberality of the Medico-Chirurgical Review.—The following paragraph is from the *Medico-Chirurgical Review*, edited by James Johnson, M.D., &c. April, 1844.

"We cannot but remark with satisfaction the fortunate condition of the University of *Pennsylvania*. The 'drab-coloured men' may well make doctors of their sons, seeing that they can pay the matriculation fee with other people's money. We only trust that that very fee is not *repudiated*, and that in that very respectable State, there is, in their dealings with each other, honour among thieves."

These splenetic remarks afford grounds for suspicion that Dr. Johnson has been speculating. Probably tempted by the large interest, he has invested some of the profits on his Journal in Pennsylvania loans. We *will* be sorry should he lose his money, but we think that is not to happen—we *are* sorry for the loss he has undoubtedly sustained—that of his temper.

Non-injurious effects of Solitary Imprisonment with Labour. The system pursued in the *Roquette* Prison at Paris, is *solitary confinement* in separate cells, in conjunction, however, with regular occupation, exercise in the open air, and permitted visits occasionally from relatives and other persons. Each cell is thus made to become a special and complete prison in itself; and the prisoners are prevented from having any communication whatsoever with each other. Their attention is kept constantly engaged in some useful and profitable employment; and moreover, they hear and see nothing that can in any way remind them of their vicious

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pursuits. In this prison, which has now been established for upwards of four years, and in which from four to five hundred young criminals are usually confined—not a single case of Insanity has occurred among the prisoners; and yet one might, *à priori*, have supposed that solitary confinement should have been more injurious, in this respect, in youth than in adult age. As to the ratio of the mortality, this has not exceeded from 7 to 8 per cent.—being not above one-half of the average mortality among the lower classes of the inhabitants in the French metropolis. In his report for last year, the prefect of the police says:—"The robust population of the prison—who, before the regime of solitary *encellulement* was introduced, were thin, pale, and ill-looking—have, for a length of time past, exhibited a very marked change for the better, in their general appearance; they look healthy, and not a few of them appear to be cheerful and contented too. The fears which we, in common with many other individuals, entertained as to the effects of the solitary system on the youthful prisoners in the *Roquette*, have been completely dissipated by the results which we have witnessed during the last two years."—*Annal. Med. Psych.*

—

Influence of Solitary Confinement. Mr. Dendy, in a letter published in the *Lancet*, alluding to certain statements which have appeared in the daily press, with reference to the injurious effects produced by solitary confinement, expresses his opinion that the writers in question are looking through a false medium, and prejudge the question, from prejudice and a morbid sympathy with criminals. At all events their observations are drawn forth solely by isolated and extreme cases, and the objections therefore to the solitary system become a question merely of degree.

—

Interment in Towns. Mr. Chadwick has, recently, made a "supplementary Report on the Results of a Special Inquiry into the Practice of Interment in Towns."

Parent Duchatelet, in a work published in 1824, maintains that no injurious effects to health result from emanations from animal matters in a state of decomposition, and adduces many statements in support of this opinion. This view has also been adopted and supported by other writers. Mr. Chadwick in his report has fully and carefully investigated this subject, and a reviewer in a late English Journal (*Med. Chirurg. Rev.*) thus speaks of the facts he has collected.

"Abundant evidence is, in fine, adduced to leave no shadow of doubt on any rational mind, that all emanations from the decay and putrefaction of animal bodies are injurious in the highest degree, deteriorating health, and greatly shortening the average duration of life. These influences are not the less fatal that the effects do not invariably, or even generally, appear in the form of acute disease; indeed, were it so, large masses of the population who have lived under their influence must have been exterminated. It is correctly remarked, that the injurious effects of diluted emanations are constantly traceable, not in constitutional disturbance at any one time—their effect, on the strong, is perceptible only over a space of time, and in a general depression of health, and a shortened period of existence."

—

Effects of Drainage on Human Life.—The Rev. Prof. Buckland, at a public meeting held at Oxford said, that in the Parish of St. Margaret, Leicester, containing 22,000 inhabitants, it appeared that one portion of it was effectually drained, some parts but partially so, and others not at all. In the latter the average duration of life is 13½ years, while in the same parish, where the drainage is only partial, the average is 22½ years, thereby showing the frightful effects of a bad atmosphere.—*Times.*

—

Bartlett on Typhus and Typhoid Fevers. The British and Foreign Medical Review for April, contains a notice of our countryman Dr. E. Bartlett's work on Fever, which concludes with the following paragraph.

"We cannot close this notice of Dr. Bartlett's work without formally expressing our opinion of its great value. Possessed of an ample acquaintance with the literature of his subject, he has not neglected to study it in that best of books, the book of nature. His brethren in the United States have much reason to thank him for his clear and compendious view of a class of diseases in which they must feel so deep an interest."

—

French Academy of Sciences. At an election on the 18th of March, for a correspondent in the section of Surgery vacant by the death of Sir Astley Cooper, Sir B.

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Brodie was elected. The candidates were, Sir B. Brodie, Dr. Mott, MM. Dieffenbach, Chelius, Stromeyer, and Riberi.

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Operation for Strabismus. The Academy of Sciences of France has, after mature deliberation, decided that the operation for Strabismus is one which should be allowed to take a place definitively, in the practice of Surgery. The Academy has, therefore, awarded a prize of 1200 francs to M. Stromeyer for having first devised and tried the operation on the dead body, in 1838; and a similar prize of the same amount to M. Dieffenbach, for having been the first to perform the operation on the living subject in 1839.

—

Chloride of Zinc in Toothache.—According to Dr. STANELLI, the chloride of zinc, liquefied by exposure to the air, possesses the property of calming dental pains. By means of a small hair-pencil a small quantity of it is applied to the cavity of the painful tooth, and in the space of a few minutes it appeases the most acute sufferings.—*Lancet*, March 2, 1843.

—

Sir Astley Cooper Prize.—Mr. SIMON, assistant surgeon at King's College, has gained the triennial prize bequeathed by the late Sir Astley Cooper, for an essay on "the structure and the uses of the thymus gland."

—

College of Physicians. Dr. Paris has been elected President of the College of Physicians in the place of the late Sir Henry Halford. This election, it is said, will be only for one year.

—

Scientific Congress in Italy. The last meeting of the Italian Scientific Congress which took place at Lucca was numerously attended. Dr. Speranza presided over the Medical Section.—*Lancet*, 30th March.

—

Glanders in a woman. M. BOURGEOIS D'ETAMPES has lately published, in the *Bulletin Therapeutique*, a case of glanders in a woman, the first which has been observed. She contracted the disease from attending a horse labouring under it.

—

Statue of Vesalius. A colossal statue of bronze, 11 feet high, will be erected to Andrè Vesalius, in one of the public squares of Brussels, his native town, on the 18th July 1845.

OBITUARY RECORD. At the mature age of 78, and capable of exercising his profession, with vigour, till a year ago, died Sir Henry Halford, the most eminent Physician in England—if the most extensive practice among the highest ranks in life be any criterion of eminence. Contemporary with Baillie, the two stars of the medical horizon shone with nearly equal lustre; but with different kinds of light. Dr. Baillie was sought for his real knowledge of MORBID ANATOMY, and his supposed knowledge of pathology, two things as different as cause and effect. His great competitor preferred no claim to deep science in either anatomy, physiology, or pathology; but he had a quick apprehension, an elegant address, a ready explanation for every phenomenon, a facile prescription for every symptom—in one word, he had TACT, of a very superior kind, which counterbalanced, and more than counterbalanced, all the drudgery of the dead-house, through which Dr. Baillie had waded.

Then again, his polished manners, his classical education, and his double refined powers of flattery, gave him infinite advantage over his plain, homely, and unpolished rival, among the Royalty and the Aristocracy of the Kingdom, male and female. Dr. Baillie was summoned in dangerous cases, through fear rather than favour; but Sir Henry was generally there long before the disease came to that pass, and consequently had the cream of the jest, while the pathologist had merely the honour of taking precedence of the undertaker.

Sir Henry's career lasted half a century, while that of Baillie ran only about 25 years. His figure was slight and elastic, his countenance animated and cheering, his activity of mind and body remarkable, and he had the art of inspiring hope in the breast of the expiring sufferer.

Of late years, his advanced age, his separation from Court, the death of most of his old patients, and the pressure of a redundant doctorate, curtailed greatly the range of his practice; but it is probable that he realized more money by his profession than did any physician since the days of Hippocrates. Quiescat in pace!—*Med. Chir. Rev.*

WM. HEY, Esquire, of Leeds, the President of the Provincial Medical and Surgical Association and Senior Surgeon of the Leeds General Infirmary, died on the 13th of March in the 73d year of his age.

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Service of Dr. Norris.

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Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent GRATUITOUSLY *to all subscribers to the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on Number Twelve.*

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This number contains two and a quarter sheets, and will pay newspaper postage.

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trating of Eye, 1, Penetrating of Knee-joint, 1, Lacerated of Vagina, 1; Gun-shot, 4; Retention of Urine, 1. Total, 75.

Cases Discharged.	Cured.	Relieved.	Not Relieved.	Died.	Total.
Abscess, Chronic of Mamma,	1	-	-	-	1
Cataract,	-	-	1	-	1
Caries,	2	1	-	1	4
Coxalgia,	1	-	1	-	2
Contusions,	14	-	-	1	15
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Fracture of Clavicle,	1	-	-	-	1
of Humerus,	1	1*	-	-	2
of Radius,	2	-	-	-	2
of Forearm, com.	1†	-	-	-	1
of Hand, do	1†	-	-	-	2
of Femur,	4	-	-	-	4
of Leg,	5	-	-	-	5
of Fibula,	3	-	-	-	3
Furunculus,	1	-	-	-	1
Harelip,	-	-	1	-	1
Hydrocele,	-	-	1	-	1
Hernia, Strang. umbilical,	-	-	-	1	1
Inflammation of Knee-joint,	1	-	-	-	1
Paronychia,	1	-	-	-	1
Scald,	1	-	-	-	1
Sprain of ankle,	2	-	-	-	2
Tumour, fibrous of mamma,	1‡	-	-	-	1
Scrofulous,	2	-	-	-	2
Ulcer,	3	-	-	-	3
Venereal diseases,	10	-	-	-	10
Wounds, Lacerated,	3	-	-	-	3
Incised of Scalp,	4	-	-	-	4
Contused of Scalp,	4	-	-	2	6
Incised of limbs,	2	-	-	-	2
Punctured of Thigh,	1	-	-	-	1
Gun-shot,	-	1	-	1	2
Retention of Urine,	1	-	-	-	1
Total,	77	4	4	6	91

—— Kline, aged 24, was admitted 5th March, into the Medical Ward, as labouring under intermittent fever. It was soon observed, however, that the symptoms were very irregular, and he began to complain of pain and soreness about the occiput. In a few days a swelling was perceived in this region, and an abscess at length formed, and was opened. The pus discharged was very fetid, and unhealthy in character, and with a probe a considerable extent of bone (the posterior part of the right parietal and temporal) could be felt entirely bare. He was transferred to the surgical ward.

Pus, of a yellowish-green colour and of a very offensive smell, continued to be discharged for many weeks in considerable quantity, and the strength and health of the patient became progressively more and more exhausted. He had frequent, but irregular chills, and profuse night sweats; shortly after he entered the surgical ward, his left shoulder became painful and partially paralyzed; but this difficulty very soon disappeared under the employment of a stimulating liniment, and we were inclined to regard it as a rheumatic affection of the shoulder.

On the 6th April he was quite delirious, heard with great difficulty, and seemed scarcely able to comprehend what was said to him even when he was made to hear: vision impaired; pupils of equal size, but rather sluggish: no nausea; apparently no paralysis of limbs or face: pulse more frequent than natural, but feeble; headache; temperature of skin variable. A blister was applied to back of neck; stimulating enemata and pediluvia, mild diaphoretics, &c.

April 9th. The above unpleasant symptoms have very much disappeared: somewhat delirious at night, but not during the day.

14*th.* Skin for several days much jaundiced, urine of a bilious colour; left pupil much smaller than right, function of left eye almost completely destroyed; slight strabismus of the eye; considerable œdema of left side of face and neck; left eyelid remains almost motionless, either from paralysis or from the œdema; (patient reposes altogether on left side,) pulse frequent and feeble; strength so much reduced that he is unable to stand. On attempting to walk, one evening, he fell and had a slight convulsion.

16*th.* Increased swelling of left side of face and neck; conjunctiva of left eye raised up in a large bulla from the serous effusion; conjunctiva of right eye similarly affected, but to a slighter degree; left pupil contracted to the size of a pin's head; decided paralysis of right shoulder, no paralysis of the right arm, nor of the left members, nor of the face and tongue; strabismus as before; swallows without difficulty; voids his urine and fæces

* Removed by friends. † By amputation.
‡ By removal.

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freely: no heat of head; face pallid; skin cool; tongue dry; no nausea nor vomiting; respiration laboured 34 in the minute; slight cough occasionally; no expectoration. Died on the 17th May.

For the last week porter was allowed him in moderate quantity, with animal broth, &c., and from the time of his entrance he took quinine in solution, with an additional quantity of aromatic sulphuric acid.

Autopsy, 14 hours after death. Emaciation; jaundiced hue of skin very decided and general; some œdema of face; moderate rigidity of limbs. Over a large part of the posterior portion of the parietal and temporal bones of the right side, the scalp was completely separated from the bone, with a small quantity of pus interposed between the two. The convolutions of the brain presented no peculiarity of appearance, their consistence being good, and no adhesions existing between the cortical substance and the membranes. The internal structure of the brain was of good consistence and appeared healthy excepting in a small space between the mammillary bodies and the optic commissure, at which point the cerebral structure was pale and softened; the optic nerves did not appear to be softened, nor the commissure.

The fossa occupied by the cerebellum contained a large quantity of pus of a fœtid smell and of a clay colour, which appeared to flow from the medullary canal, and on carefully examining the parietes of the upper part of the spinal canal, the first, second, and third cervical vertebræ were found to be carious and roughened in a high degree, and the posterior wall of the great occipital foramen was in a similar condition. The muscles on the back of the neck were largely dissected from the bones by the pus, which also communicated freely with the interior of the spinal canal by means of ulcerated openings between the occipital bone and the atlas, and between the latter and the second cervical vertebra. Even lower down than the third vertebra the spinal canal contained pus.

The temporal bone just behind and above the external auditory foramen, opposite the point at which the abscess was opened, was completely perforated, as was likewise the dura mater, so that the pus passed directly from the external abscess into the lateral sinus. The interior of the petrous portion of the bone was in a state of caries, almost completely excavated, and containing pus, which however did not communicate with the internal ear. The lateral sinus at the point at which it passes from the cranium was completely obliterated and blocked up by a firm coagulum of fibrine which prevented the direct introduction of the pus into the head.

The sella turcica was in a state of caries, and the pituitary gland softened. The liver was firm, of a yellowish tinge and contained no pus; kidneys and bladder healthy; spleen three or four times its natural size, and very much indurated; heart a little enlarged; several spots, as if of old lymph, on its pericardial surface: the sac contained no serum. The lungs generally crepitant; numerous small indurated points scattered throughout them, particularly in the right lung; when cut into, these spots were found to be red and granulated, and in one or two of them a minute quantity of pus existed. At the base of left lung was a large bony deposit, just beneath the pleura. Both lungs were firmly attached to the costal pleura, by strong bands of lymph of old formation. The pleural cavities contained an ounce or two of bloody serum, (effused probably in the act of death!) without flocculi of lymph or pus.

An individual was brought to the Hospital having a contused wound of the scalp. He was found in the street in a state of the most complete intoxication, unable to give any account of himself. We ascertained afterwards that his habits were very depraved, and that he was habitually intemperate. The wound was apparently very trifling, situated over the anterior part of the right parietal bone near its junction with the frontal bone, and about an inch above the squamous suture of the temporal bone. The wound was very superficial, not extending to the bone, and bled but very little. The appearance of the wound was such as to lead us to suppose that it was occasioned by a fall on the curb-stone.

During the night of his admission he slept soundly. On the next morning, we found him with complete paralysis of the facial and auditory nerves of the left side; the mouth was drawn strongly towards the right side, and the tongue when protruded pointed towards the left; his articulation was very much impaired; mind perfectly clear; pupils natural; sensation perfect; no paralysis of limbs. The pulse was scarcely at all excited in force or frequency, and the skin of medium tempe-

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rature, tongue slightly furred: he complained only of soreness about the wound. His bowels were freely acted upon by a blue pill followed by salts: and hot applications were kept to his feet, while cold was applied to the head. For a few days no new symptom was observed, excepting that blood oozed continually from the left ear. He had no increase of arterial action.

On the morning of the fourth day he became affected with erysipelas of the scalp; this spread rapidly, invading the face and neck, and was accompanied by a considerable degree of fever. To relieve this train of symptoms, alterative doses of blue pill were administered, with saline laxatives and diaphoretics, and cold mucilage was applied to the head and face. The paralysis did not appear to increase, nor did it diminish; the discharge from the ear became purulent and very fœtid indeed. The erysipelas gradually diminished in intensity, and on the 20th day from its invasion had almost entirely disappeared from the parts attacked, leaving only a moderate degree of œdema. He was now seized with pneumonia of a low form and sank on the 10th day from his admission.

On examining very carefully the convex surface of the cranium we could find no fissure, the wound in the scalp had not even reached the bone. But in the interior of the cranium, on the superior face of the petrous bone of the left side just over the internal auditory canal, the bone was fractured and a small portion of it depressed upon the facial and auditory nerves as they lay side by side; the cavity of the bone was filled with pus: the membranes over the point of fracture were ecchymosed, and inflamed in a very circumscribed extent. The vessels which ramified on the surface of the brain, were filled with blood, particularly on the right side, where, at a spot immediately opposite the wound was a superficial effusion of blood just beneath the membranes, the cortical substance immediately surrounding the clot, which was of the size of a 50 cent piece, was softened, elsewhere the brain was in a natural condition. The viscera were healthy with the exception of the lungs, of which the right was in the first stage of pneumonia, and the left very much congested.

The case of umbilical hernia occurred in a female aged 50. For fifteen years past she had had a protrusion of omentum which, however, troubled her but little except from its size. Two days prior to her admission into the Hospital, the tumour increased in size and became painful and tender, and she was seized with stercoraceous vomiting. At the time of her entrance the tumour was about 8 or 9 inches in circumference, firm, of a bluish red colour, tender on pressure, and of a temperature somewhat elevated: there was considerable distension of the abdomen, and the patient was very weak. The operation was performed soon after her admission, by Dr. Norris. The integuments were thin, but very firmly adhering to the sac, requiring close dissection; the stricture, which was found to be very firm, was divided and the protruded intestine restored. The pain and distress subsided soon after the operation, but the woman grew more and more feeble, vomiting occasionally the same kind of matter as before, and died about 24 hours after the operation.

We found on examining the abdomen after death, that about two inches of the ileum at a point about eight feet above the valve, had been protruded, but the intestine was now completely within the belly. The coats of the intestine were livid in colour, and a small perforation had taken place from sphacelus, through which, however, no fœcal matter had escaped. The peritoneum around the perforation was in a state of commencing inflammation.

F. W. Sargent, M. D.
Resident Surgeon.

Penna. Hospital, May 21, 1844.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Quackery and its Pretensions. "If an arrogant pretender, or a benevolent enthusiast, were to call upon a manufacturer or mill-owner, and to tell him that his cloth was not good nor well-finished, or that his damask was not perfect, the pattern not clear, and the fabric of a bad sort—and add, that he had a certain oil or spirit, which being mixed with the wool, or rubbed on the machinery, would put all right, and make his cloth or damask the very best that could be produced—that it made no matter whether the machinery was bad in kind, or broken, or worn out, or out of repair—or whether the engine man neglected his duties—or whether the workmen were in disorder—or whether the governing and directing head of the establishment was incompetent—or whether the wool with which the

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machinery was fed was of a uniform bad quality—no matter what was the cause of the cloth or the damask being imperfect—only rub the crown of the head of the engine with this wonderful oil or spirit, and pour two table-spoonsful of it every morning into the wool, when it was put to the slubbing machine, and that would cure all defects—would not the proposal be laughed at, by every workman about the premises, as outrageously absurd? And why? Because the workmen *understand* the machinery and business in which they are employed."

The preceding observations are taken from an interesting lecture recently delivered before the Wakefield Mechanics' Institution, by Dr. T. G. Wright, on the subject of quack medicines. A similar sentiment has been expressed by Dr. Marshall Hall in his Gulstonian lectures. "There are no quacks amongst the engineers, because every one knows that an engine must be understood by him who would repair it. When this truth obtains in regard to medicine, then, and not till then, will that most complicated of machines, the human frame, cease to be confided, in the derangement of its functions, or the diseases of its structure, to any one who is ignorant of the many springs of its action and principles of its composition."

Ignorance and quackery are so intimately allied, that the one is rarely found without the other, and the only effectual method of restraining the practice of empiricism is by so far enlightening the community as to place them above receiving the delusion. Health and disease, the sense of pain, and the pressure of sickness and suffering, are the concern of everybody; engineering, on the other hand, is the special occupation of a few. It admits, therefore, of question how far it is practicable, in the present state of society, and amid the multifarious calls upon the time of individuals connected with their special occupation, to infuse into the whole community such an amount of knowledge in relation to the construction of the human machine, its modes of action, and its preservation in a state of repair, as shall suffice to prevent them from inconsiderately exposing themselves to the malpractices of the quack. The incompetent engineer, too, who ventures to meddle with a piece of machinery, without understanding its powers and the mechanism of its construction, not only runs the risk of injuring the machine, which possibly he might make little account of, or disregard; but if it be in action at the time, as in the analogy attempted to be drawn in the case of the human body, he will probably himself suffer, in life, or limb, the penalty for his rashness in intermeddling with that which he does not understand. No doubt, were a part of the physical mischief resulting from the practice of empiricism to fall upon the empiric himself—were the administration of every dose of Morison's pills to entail upon the exhibitor a portion of the effects under which the unhappy patient too often suffers, the number of those who thus work out for themselves a portion of the mammon of unrighteousness, to the certain injury of their fellow-creatures, would be considerably diminished. The length of time also which must elapse, even if the attempt to convey the requisite knowledge were immediately entered upon, before the desirable end of checking imposture through the banishment of ignorance could be attained, and the consequent amount of suffering which must till then be inflicted and endured, would induce us to urge the adoption of more immediate remedial measures, which shall involve the quack himself, and shall make him feel in person for the suffering which his selfish recklessness and want of principle entail upon others.

While the adoption of measures to place, as far as practicable, every member of the community without the sphere of empiricism, and above the influence of the quack, ought by no means to be neglected, we would at the same time render it penal for any one to undertake the management of disease whose competence to do so had not been duly tested and legally certified.

All legal protection should at once be removed from quack medicines, and so far from the plea of ignorance being admitted as an excuse for the maladministration of powerful drugs, it ought, on the contrary, to be considered as an aggravation of the offence, and subject the offender to the most severe, instead of the most mitigated sentence which the law directs.

There is, however, unhappily, a species of empiricism which professes to be based upon knowledge, and a class of empirics existing also among the legally qualified; and the mode of dealing with quackery of this description, and with those who thus practise it, becomes much more difficult. Credulity is a principle deeply implanted in human nature; the love of the marvellous

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exercises a strong influence over the imagination, and too often leads astray the judgment; and to guard against the undue exercise of these principles, without running into unwarranted scepticism on the one hand, or suppressing every manifestation of one of the highest qualities of mind on the other, is perhaps scarcely, if at all, practicable. Few minds, and only those of the most gifted of mankind, are so constituted—so nicely balanced, if the expression may be allowed—as to take the just medium between credulity and scepticism, or to allow imagination its full play, and at the same time preserve the judgment cool, clear, and intact. Now, it unfortunately happens that the more ardent in temperament, as well cultivators of medical as of general science, are sometimes led astray by specious theories, and the records of medicine are sullied by the introduction of systems of empiricism, involving in their meshes the educated and licensed practitioner as deeply as the amateur professor. No legal provision, no penalty but that of suffering experience, can avail in such cases; and yet the sheer and unblushing quackery, both of the professional and non-professional empiric, which is from time to time based upon theories, so called, of medicine, is in its effects amongst the worst that rears the head and front of its offending amongst us.

What penalties, for instance, can reach, what legal restrictions impede, the practices where conducted by licensed—we will not say qualified—practitioners of medicine, of homœopathy, of hydropathy, or of Mesmerism? The elegant inertness of the first of these, the clumsy and dangerous activity of the second, and the absolute folly of the last, have each found advocates among graduated practitioners of medicine, and victims among the titled, the wealthy, and the intelligent, as well as the poverty-stricken and the ignorant. What can avail, painful and dear-bought experience excepted, against such delusions as these? Still the impudent quackery with which these systems are severally enveloped, by many of those who practise them, may be brought under some control. Mesmerism, homœopathy, and hydropathy, must live their day, and will for a time be practised as medical arts. The medical practitioner, however, who, in his attempts to carry out either of them, shall follow unworthy methods of forcing himself and his system into notoriety, is not only deceived himself, or a deceiver of others, but, at the same time, as essentially a quack as the veriest itinerant vender of nostrums that ever cheated the frequenters of fairs and wakes of their hard-earned pence.

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Quackery in New York.—New York seems to be the most comfortable place for quacks, with the exception of Boston, in the whole Union. The notorious Williams, after having been exposed in nearly every other city he dared to visit, sat down there and flourished for years. The two Crawcours, by acting alternately the livery servant, while the other personated the fine gentleman, succeeded in swindling the inhabitants of New York, it is said, out of thirty thousand dollars in a very short time.

Of late there has been a new species of quackery copied from the *soi disant Doctor* Turnbull, of London, whose puffing articles about prussic acid in eye diseases, have not yet ceased to go the rounds of the newspapers, and whose stories concerning the efficacy of the alkaloids, are occasionally repeated. Taking advantage of Turnbull's plans, a practitioner in New York is said to have gulled the citizens out of thousands of dollars with the pretence that he was supplying them with expensive medicines. With the utmost plausibility he writes a prescription, for half an ounce or an ounce of *aconitine*, for example, the price of which is a dollar and a quarter a grain, or six hundred dollars an ounce; saying, at the same time, the medicine might be either obtained from him or from any apothecary; but to be certain of its purity and *honest* preparation, it should be obtained from himself. The patient, to his astonishment, finds out that there are really such expensive medicines, and being persuaded by mistaken friends, and the assertions of the quack, concludes to make every sacrifice to purchase what he fondly, but vainly, believes will restore his sight, and prefers to take the medicine from the prescriber rather than from another source. Now it is known to medical men that even the fiftieth of a grain of aconitine has produced serious effects, and that it is about as powerful a poison as prussic acid. The quack well knows that half an ounce of aconitine would kill two hundred people, and takes very good care to put into the mixture, either none of the expensive medicine at all, or only a safe quantity.

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It is said that a certain professor tried to play "the aconitine trick," but from want of plausibility or not knowing his man, was obliged to disgorge the hundreds he had thus swindled.

Those who have suffered from this species of imposition, should insist upon restitution by threatening exposure; or if the amount be considerable, to obtain it by a course of law, as no jury would sustain such palpable extortion. The sum of seventy-five dollars —a poor man's all—was thus recovered from Williams, even although a written agreement to give the latter no trouble had been signed. The jury considered that the agreement had not been made in good faith, and rendered a verdict for the plaintiff. When such was the fate of Williams, it is really astonishing how other quacks have so long been able to escape the clutches of the law.

It cannot be denied that some individuals of New York have experienced benefit, but we assert that removal to the healthy air of an island, regular exercise, as walking, riding, sailing, &c., change of scene and absence from domestic cares, do quite as much for the restoration of health, as expensive medicines from unprincipled speculators.—*Boston Med. and Surg. Journal.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Biography. — Prof. Stephen W. Williams, of Deerfield, Mass. proposes to publish by subscription "American Medical Biography: or memoirs of eminent physicians, embracing principally those who have died since the publication of Dr. Thacher's work on the same subject."

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Albany Medical College. The number of students during the past session was 108. Of these 20 received the degree of M.D. at the close of the term.

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University of Maryland. Professor Bartlett, we learn, has accepted the chair of Practice of Physic in this Institution, to which he has recently been appointed. His accession will add much to the strength of the School.

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Medical College of Georgia. The degree of M.D. was conferred on 39 candidates at the commencement in April last.

FOREIGN INTELLIGENCE.

Localization of Poisons.—MM. Danger and Flandin in a letter read to the French Academy of Sciences on the 15th April last, claim to have first pointed out "that in a dog poisoned by antimony, no matter what mode be adopted, the metal cannot be found in the lungs, the heart, the muscles, or the bones, even when the poison was introduced by the lungs under the form of antimoniated hydrogen gas; it is especially in the *liver*, *spleen*, *kidneys*, and *urine*, that the poison is to be met with. That in poisoning by copper, this metal is not to be found in the heart, lungs, kidneys, urine, muscles, bones, or nervous system; but in the *liver*, *spleen*, and *intestines*. That in poisoning by lead, the metal is to be found in the *liver*, *spleen*, *kidneys*, *urine*, and *lungs;* not in the heart, muscles, bones, or nervous system."

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Erection of Stoves.—In an anonymous paper "on the injuries occasioned by breathing impure air in close apartments," it is recommended that stoves should be constructed of masonry throughout, as in many other countries, or of fire-tiles, or porcelain plates imbedded in mortar, with well regulated flues, as they would then be far preferable to open fire-places, the substitution of imperfect conductors of heat being not only consistent with the principles of economy in the preservation of heat, and its more uniform distribution through apartments, but more salubrious than the methods usually resorted to in this country, of warming air by contact with iron stoves or pipes.—*Med. Times*, 20th April, 1844, from *Lond. Med. Gaz.*

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Why are Acids Refrigerants?—Dr. Murray's explanation, in his System of Materia Medica, is, that animal temperature is derived from the consumption of oxygen gas by respiration; that acids containing large proportions of oxygen in a rather loose state of combination, reduce the general temperature when introduced into the stomach, if that temperature be materially increased; for acids, especially vegetable acids, are readily assimilated with the food, and the nutritious matter received into the blood, containing a larger proportion than usual, will abstract less of it from the air in the lungs, and consequently less caloric will be evolved; temperature is thus reduced as well as the power and force of the heart's contractions: Dr. Murray illustrates this by the case of the

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diver, Spalding, who could not remain long below the water after feeding on animal food, &c.—*Ibid.*

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Laryngotomy in Polypus of the Larynx. M. Hermann, Professor at the Faculty of Medicine, Strasburg, in a letter read to the Academy of Sciences on the 1st of April last, gives an account of an operation performed in order to remove a polypus, which had developed itself on one of the chordæ vocales. This fibro-cellulous excrescence had protruded between the lips of the glottis, and would have caused suffocation, if the trachea had not been opened and a canula introduced. The next day, the patient being quite calm, the thyroid cartilage was divided, and the foreign body removed.

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Hereditary Insanity.—M. Baillarger read a memoir to the Academy of Medicine, 2d April last, with a number of statistical tables. In this memoir he endeavoured to elucidate the following questions:—1°. Is the disease oftener hereditary on the side of the mother than of the father? In 453 cases it was transmitted, by the mother 271 times, by the father 182; difference about one-third.—2°. When hereditary, does the mother transmit it to more children than the father? In the 271 families in which it was transmitted by the mother, it had manifested itself in one child in 203 cases; in two children, in 62; in three, in 5; in four, in 3;—in 346 children affected, or in 271 families, it had shown itself 70 different times, in several children—about one-fourth. In the 182 transmitted by the father, one child only was affected in 152 cases, two children in 26, three children in 4;—of 182 children, on several 30 different times, or one-sixth.—3°. Is it transmitted more frequently from the mother to the girls, or from the father to the boys? In 346, there were 197 girls, and 149 boys—difference about one-fourth. In 216, there were 128 boys, 88 girls—difference about one-third. Again, in 271 boys, 146 received the disease from their mother, and 125 from their father—difference hardly one-sixth. In 274 girls, 189 received the germ from the mother, 85 from the father—difference upwards of one-half. From these facts the author concludes:—1°. That the disease of the mother is more dangerous than that of the father, not only because it is often hereditary, but likewise because it is transmitted to a greater number of children.—2°. That the girls are oftener affected when the disease is transmitted by the mother, and boys by the father.—3°. That its transmission from the mother to boys is not more frequent than from the father; whereas, in girls, it is twice as much. —*Med. Times*, April 13.

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Preservation of Bodies. M. Pigné, conservitor of the Dupuytren Museum, states that the dead body or any portion of it, may be perfectly preserved in a fluid containing ten drops of creosote to the pint of water. The muscles and other tissues retain their natural flexibility and colour. Pathological preparations, also, are preserved by it in the most perfect manner; and it has furthermore the advantage of enabling us to preserve the blood globules, and various accidental productions which are destroyed by the ordinary modes of preparation.—*Prov. Med. Journal.*

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Ulcers of the Leg. M. Conte has published in the *Archives Générales* some cases of old ulcers of the leg, which he has treated successfully in a very simple manner. He covers the ulcer with a thin piece of gum elastic, supported by strips of adhesive plaster. At each dressing the sore is carefully cleansed with tepid water, and the layer of gum elastic changed.

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Cancer. Dr. Regnoli read, at the late meeting of the Italian Scientific Congress at Lucca, a statistical report, from which it appears that out of 250 persons on whom cancerous formations had been extirpated by the knife, scarcely 20 had survived three years. He is therefore induced to look upon amputation as a palliative measure only.

The Paris surgeons on the contrary seem to advocate operating in nearly all cases of cancer. In a recent debate in the French Academy, M. Roux stated he sometimes operates two or three times on the same patient in cases of relapse, and in several instances he had done so with success.

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Opium in Uterine Hemorrhage. Mr. Dorrington strongly recommends large doses of opium to combat the effects of uterine hemorrhage. He advises a fluid drachm of laudanum to be repeated once, twice, or oftener, at intervals of five, ten or fifteen minutes. Mr. Hunt administered with success six drachms in the course of four hours.—*Prov. Med. Journal.*

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CLINICS.

ST. GEORGE'S HOSPITAL.

Clinical Lecture on Foreign Bodies in the Nose, Ear, Pharynx, Œsophagus, Stomach, and Intestines. By Sir B. C. Brodie, Bart.

Gentlemen:—I mentioned, in my last lecture, that foreign bodies taken in by the mouth are not unfrequently arrested at the rectum; but there are other ways by which they may get in to the gut. Mr. Thomas was sent for to a gentleman who, being generally constipated, was in the habit of introducing a piece of stick or cane for eight or ten inches into the bowel; until, by the irritation it produced on the mucous membrane, it caused an evacuation to take place. This he had done for years; but one day the cane slipped out of his hand and was sucked up into the gut. At first he was ashamed to send for assistance, but at last his sufferings were so severe that Mr. Thomas was called in. He introduced his finger into the rectum, but could not feel it; by and bye the sphincter muscle relaxed, and he could get in two fingers, and after a time he could get in his whole hand. He could then feel the piece of cane lying obliquely at the upper part of the gut, and withdrew it with ease. A circumstance of great interest, and one, I believe, first observed by Mr. Thomas, was the gradual relaxation of the sphincter under the pressure of the hand. I have seen the same thing in cases where it was necessary to make an examination, and you will find a knowledge of this fact very serviceable, not only in hospital practice, but in private life. When I first met with the cases to which I allude, they puzzled me much, and I shall

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent Gratuitously *to all subscribers to the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on Number Twelve.*

☞ *In no case will this work be sent unless the money is paid in advance.*

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be very glad to save you the annoyance I experienced thereby. Persons who are in affluent circumstances generally pay great attention to the state of their bowels, and it is very necessary that they should do so, for those who lead indolent lives are very liable to have very torpid bowels. Some of them are in the habit of taking medicine almost daily. One old gentleman, eighty-six years of age, who can walk round the Regent's Park, has taken an aloetic pill every night for sixty years. Another, who died when upwards of ninety years of age, did the same thing, and I could mention many more. But with those who do not attend to their bowels, scybalæ form in the colon, pass on to the rectum, whence they are readily discharged, the softer fæces passing over them, and more descending, the accumulation going on, until at last the rectum becomes completely filled up with a great mass of hardened fæces. The patient suffers exceedingly, and he—or she, for it occurs more frequently in women than in men—has a desire to go to stool, where she experiences great pain, but nothing passes, for the bowel is blocked up with these indurated fæces.

You will be able to ascertain the nature of the complaint by introducing a finger into the rectum, when you will feel the collection; and the question is, how are you to get it away? By injections?—they will not act on such a mass. You must dilate the sphincter, so as to be able to get several fingers into the bowel, and then, by means of two desert-spoons, you can get it away gradually, and when it has been nearly all removed, you may use injections to wash away the rest. A good nurse will be able to do this, if you instruct her how it is to be performed. Until I knew how much the sphincter admitted of dilatation, I used to find it a very difficult thing to relieve these cases. I employed a marrow spoon for the removal of the collection, and it was always a very tedious task.

Foreign bodies may pass into the bladder. There is in the museum of the hospital, a preparation of a calculus, which was purchased at the sale of the late Mr. Heaviside's museum, and a section of which showed that it had been formed on a hazel-nut. It had been taken from the body of a woman by operation, and there was not any history of the case, but there cannot be any doubt that the woman had foolishly thrust it into her urethra, and it had thence passed into the bladder. Mr. Thomas had a patient who pushed a silver tooth-pick into the urethra, thinking she had some difficulty in making water, and which was probably hysterical. The late Sir Astley Cooper cut a woman for what was supposed to be a calculus, but which proved to be a coal. There can be no doubt that this is often done during that hysterical perversion of mind to which I have already alluded, but it is also occasionally practised to get money from charitable persons. A woman in the Isle of Wight consulted Mr. Bloxam, a gentleman who had been educated at this hospital, and had since settled there, complaining of having a stone in the bladder. He extracted it with the forceps, and she had another, and a third, also, taken away with that instrument. Mr. Bloxam thought there was something curious about these stones, and as I happened to be at Ryde at the time, he showed them to me. They were the common limestone, cut into a convenient shape to be passed into the urethra. She made a very good trade of it, for several ladies had given her money, on account of her suffering so much. I brought the stones up to town, and had them examined by Dr. Prout, and they proved to be the common limestone.

People frequently pretend to pass calculi from the bladder, which have never been there at all. It is difficult to conceive why they should do so, but I can only attribute it to that perverted state of mind, as stated before, and which frequently amounts to insanity. A gentleman, Mr. Chillwell, who is now dead, brought me a wafer-box full of what was called calculi—they were only bits of brick and pebbles. He then told me the case—a young lady, the daughter of a gentleman of fortune, all at once passed blood and calculi from the bladder. Her parents were on a visit at a friend's house in the country, when she was suddenly taken ill while at the water-closet, and these calculi were said to have been passed. They were nothing more than bits of brick, pebbles, &c. I could tell you many such stories. Among poorer people, these things are done to excite compassion. A woman brought her child to the hospital, saying that he had passed a stone from the bladder, which also proved to be a pebble. She got money from a charitable lady who, I believe, is not now convinced of the imposture.

Foreign substances are occasionally met with in the male urinary organs as well as

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in the female. A man came to this hospital with symptoms of stone in the bladder, but which, on examination, was found to be anterior to it. Sir Everard Home operated on him, and took away a calculus three or four inches long, on dividing which it was found to have formed on a flower-stalk. The man was a gardener in the country, and having a stricture and a difficulty in making water, was accustomed to pass the flower-stalk as a bougie to relieve himself. One day it broke, and part remained behind, half in the bladder and half in the urethra. I operated on a young man for a calculus, the nucleus of which was a bit of wax. The preparation is, I believe, in the museum. This foolish young man, for such I must call him, in a fit of folly rolled up the wax and passed it into the urethra, whence it slipped into the bladder. At the time this occurred he was on the point of sailing for India. I saw him, and advised him to remain quiet, and watch the progress of events. Notwithstanding my advice, he went to India, and returned to England in two years' time, with the calculus in the bladder. A more extraordinary case, however, occurred to Mr. Keate. I assisted him in the operation. A gentleman, who presented symptoms of stone in the bladder, was cut by him, and a roll of wax, several inches long, was extracted. It seemed that this monstrous blockhead got tipsy, and got into his head that he wanted a bougie passed; and, as he knew that "bougie" and "wax candle" were synonymous terms, he thought it would serve the same purpose. He accordingly got a wax candle, rolled it into shape, until it was, I think, about thirteen inches long, and passed it on and on in the urethra, until it slipped altogether into the bladder, and there lay rolled up in coils.

Foreign bodies may also be found in other parts of the human frame; a musket-ball, for instance, may lodge in the body for years, and do no harm. A friend of mine was wounded in the foot at the battle that took place the day before Waterloo. There was the wound where the ball entered, but not one where it had passed out, so there can be no doubt that it remained behind, yet the wound closed and healed, and my friend went about to dances, &c., and died several years afterwards of a disease in the brain. In other cases, however, it does great mischief: a young man underwent amputation for a diseased elbow, and, on examination afterwards, a musket-ball was discovered in the centre of the bone, which had occasioned the disease of the joint. At other times, balls lodged in the soft parts do harm in another way. A gentleman was shot in the eye with small shot, which produced the most horrible neuralgia. Some of the branches of the lenticular ganglion were probably injured. A gentleman had a musket-ball lodged in his leg, from which he did not feel any inconvenience; it was then deeply seated, but by and bye it changed its position, and became more superficial, so that it could be felt. It then caused spasms and fits of an epileptic character while it remained in its new position, but by and bye it again shifted its place, and could no longer be felt. The spasms and fits then ceased. I conclude that, when it became superficial, it pressed on some nerve, and then caused the symptoms which I have mentioned. It unfortunately was not extracted when it had approached near the surface; when it again became deep seated, and could not be felt, it of course was of no use seeking for it.

(To be continued.)

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

A Treatise on Domestic Practice: the part sanctioned by Nature and benefited by Science. Fourth and last series. By THOMAS J. VAIDEN, M. D., [?]. Gainesville, Ala., Jan. 1st, 1844.—This is the title, in full, of a pamphlet of nineteen pages, which has recently been sent to us. The M. D., judging from the tenor of the publication, must be self-conferred. At all events, the pamphlet displays quackery in its most unblushing and undisguised form. It is a regular advertising puff of a secret panacea, written in a style which would lead to the suspicion of the sanity of the author. One paragraph we will quote as an example.

"This medicine throughout is on the highest guarantee, that honour can ask for Mutual Rights, and must disarm every cavil of Ignoble Criticism. The highest quantity offered for the connecting link of Intermittents is forty pills, of which the whole number may possibly be needed in one deep congestive chill. Cases of failure, even in Intermittents, will occur, as valuable as this remedy in Congestive Fever—as all circumstances cannot always be controlled, at all times, as I have had from this cause an

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extreme case that was not exempt longer than five weeks at a time. It is in Congestive Fever that this remedy sustains itself so appropriately for further application in febrile disease, that gives hopes for its extensive benefit, on the least use of Mercurials and the Lancet, of all other plans adopted by myself, and enables me to claim superior success to any previous mode of my practice."

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Is Quackery an Indictable Offence?—Without pretending to be lawyers, we may, perhaps, venture to say, that obtaining money under false pretences is a species of swindling, rendering the guilty person liable to severe punishment. This being the case, it is impossible any longer to escape from the obvious conclusion, that pretending to cure diseases for payment without treatment or remedies known to be more or less effectual for that purpose; or pretending to cure diseases, known to be incurable, by the administration of matters well known to be inert, is to be held an obtaining of money under false pretences. In fact, the period has arrived when it must be determined, for the safety of the public and the credit of the medical profession, whether medical quacks are or are not to be dealt with as common swindlers. We may also, we think, venture to say, that causing death by the reckless application of dangerous remedies, or allowing death to take place without administering remedies well known to be efficient for the preservation of life, is culpable homicide, and renders the guilty person liable to the punishment provided for that offence. In other words, matters have come to such a pass that public justice imperatively demands a public vindication of the law and an explicit decision as to what constitutes homicide or manslaughter in cases where life is lost under treatment professing to be medical. Needy desperadoes, armed with dangerous weapons, are stalking abroad, and, in the open face of day, seizing on their victims and sacrificing them to their necessities; vagabonds, driven from their native haunts by loss of character, wander through the country committing every species of mischief with impunity; and half-famished medical abortions, despairing of a livelihood by honest means, resort to the most revolting and disgusting practices to earn the sorry recompense doled out to them by the quack-fancier. We repeat it, that the time has arrived when such doings can no longer be tolerated. Public safety and public morals must be protected against these scoundrels, and they and their non-professional confederates—puffers, touters, and scouts—must be ferreted out, exposed, and punished. The character and interest of our profession demand this. The public mind is becoming every day more and more poisoned with respect to the motives and conduct of medical men, owing to the contemptible state into which the practice of medicine has fallen by the toleration of such abuses; and, if steps be not taken forthwith to draw a marked line of demarcation between honest, upright practitioners, and the vile herd of knaves and pettifoggers who infest society, the pursuit must become the most disreputable which any man can follow. Much of course of all this is to be attributed to the weakness, ignorance, and folly of the votaries of quackery, but it does not follow that any man is legally justified in taking advantage of such loss of mental vigour.—*Dublin Med. Press*, Jan. 31, 1844.

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Quackery in England.—Quackery, like sin, is very ancient. It flourished in ancient Rome, as well as in modern Europe. Nor does it depend for its prosperity on the ignorance of the uneducated classes. The faith of that singular compound of folly and knavery, the world, is kept up by peers, judges, and bishops, by clowns, operatives, and old women, who furnish certificates to the value of nostrums, and testify in favour of imposture, delusion, and villainy. In this country the sale of quack medicines has kept pace with the "march of intellect." Forty years ago they yielded an annual revenue to the state of about 14,000*l.* In 1841 the amount received was 50,000*l.* For the last half century English governments have looked upon this vile revenue as more valuable, in their judgment, than the health of the people, the prosperity of the regular profession, and the improvement of physic.—*Lancet*, March 23, 1844.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death of Dr. Otto.—It is with great regret that we announce the death of Dr. John C. Otto, which took place on the 26th inst. Dr. Otto was, for many years, one of the

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physicians of the Pennsylvania Hospital, and of the Philadelphia Orphan Asylum. He was greatly respected by his professional brethren for his honourable and upright conduct, and, for a long period, he enjoyed a good share of practice. He contributed a few interesting papers to the Eclectic Repertory, and to the North American Medical and Surgical Journal. About ten years since, he resigned his public appointments, and, within a year, had been obliged to retire entirely from practice, in consequence of declining health. He was about removing to the country to spend the remnant of his life, when death overtook him, at the mature age of 70 years.

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Dr. Dewees' Residence in Mobile.—Many of our readers have the name of Dewees so intimately associated with Philadelphia, as the theatre of those labours which finally made him the first man in America, in his line, that they may be surprised at the head line of this paragraph. In writing it, I feel that I am but discharging a filial duty, for I was his pupil through the winter of 1805–6. It will be recollected that, after an apoplectic attack a few years before his death, he emigrated to this city, in the hope that its mild climate might renovate his crippled brain and nervous system. He immediately became the consulting physician of the place, and patients were brought to him from the interior, from Pensacola, and even New Orleans. Change of scene and climate, with these gratifying manifestations of confidence in his skill, renovated his hopes, but failed to restore either his former health or mental power. While thus buoyed up, he engaged in building a large and curiously planned house, high up Government street; and the pupil who, like myself, may make a pilgrimage to it, will find the unfinished and dilapidated edifice inhabited by four poor families, with a school of eight little girls.—Dr. Drake, in *West. Journ.*

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Fever at Rondout, N. Y.—This disease, which excited some attention last summer, seems not to have been entirely extinguished during the winter, and we see it stated in some of the papers that it has revived recently, and fears are entertained that it will spread. So far as we can judge from the very imperfect history we have of this fever, it bears a resemblance in several points to that which has prevailed in some of the large towns of Scotland during the past eighteen months, and it will probably prove to be the same disease.

Descriptions of the Scotch fever will be found in the Nos. of the American Journal for April and July, 1844.

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Transylvania University.—We observe several changes in the organization of this school. Dr. Lotan G. Watson, of North Carolina, has been elected to the Chair of Practical Medicine; and Dr. Leonidas M. Lawson, of Cincinnati, Editor of the Western Lancet, to the Chair of General and Pathological Anatomy and Physiology. Anatomy and Surgery have been separated, and Dr. Bush, formerly Adjunct, is now Professor of Special and Surgical Anatomy; and Dr. Dudley Professor of the Principles and Practice of Surgery.

FOREIGN INTELLIGENCE.

Dorsal Myotomy.—M. Malgaigne, in a memoir lately read before the French Academy of Sciences, states that, within the past four years, 57 cases of spinal deformity were treated by M. Guerin by myotomy at the Hôpital des Enfans, of whom it is stated that 24 were completely cured, and 28 much improved, 4 remaining without amelioration, and 1 dying. M. Malgaigne asserts that he has been able to obtain information respecting 24 of these patients, either by personal inquiry and examination, or from authentic data. He adds, that twenty of these patients had undergone section of the dorsal muscle from one to nine times. They had remained at the hospital from two to eleven months, the treatment, however, having often been continued at their own residences. M. Malgaigne states that he has not seen one complete cure, and that even the instances of amelioration are problematical. From his examination of the patients, he even doubts whether the retracted muscles were really divided, and whether the operation is not one which addresses itself hazardously to overcome imaginary evils. The greatest difficulty in orthopedy is, not to raise the vertebral column, but to give it the solidity which it wants by reinforcing its ligaments and its muscles. The weakness of these two classes of organs is so marked, so constant, in lateral deviations of the spine, that they may be considered as one of their principal causes. Six years ago, having to

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judge between different orthopedic systems, he condemned all apparatus for extension as only tending to increase the weakness of the ligaments and muscles. Dorsal myotomy was not then invented, but the principles by which he was then guided apply equally to the new operation. It was a bad plan to divide a muscle in order to strengthen it.—*Lancet*, May 11, 1844.

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Feigned Contraction of the Fingers.—Dr. Marshall Hall communicates to the London Medical Society the case of a young girl, who, after venesection, was seized with flexion of the fingers into the palm of the hand. It was considered that the contraction might depend on the cicatrix left by the lancet, and the portion of cicatrized integument was removed—instantly the fingers assumed their natural condition. Again, at the end of some time, the contraction returned, was again relieved by operation, and again returned. A sham operation was now resorted to, the same beneficial effects resulted, and, under the threat of exposure of the girl as an impostor, should the contraction return, the hand remained natural.—*Lancet*, April 12, 1844.

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Pretended Anomalous Menstruation.—Professor Simpson related to the Medico-Chirurgical Society of Edinburgh, the case of a woman aged 40, who, for four years after having tumidity of the abdomen, from which she was supposed to have been pregnant, began to pretend to expel from the uterus, at monthly periods, and when menstruating, animal bodies, which have the appearance of skinned field mice, some of which were exhibited. She pretends still to expel them every month, has tumid abdomen before delivery, and requires and bears enormous doses of ergot. The case was noticed as one which had deceived many persons, and which it was difficult to expose and detect.

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Pregnancy Mistaken and Treated for Ovarian Dropsy.—Mr. Magennis was called to a female, thirty-three years of age, who had been for some time under treatment for what was supposed to be ovarian dropsy. On examination of the patient, Mr. M. found her in an advanced state of pregnancy—about the seventh month. This diagnosis was in due time confirmed by the birth of a child.—*Lancet*, May 11, 1844.

Extensive Adulteration of Tea by the Chinese.—Mr. Warrington, of Apothecaries' Hall, London, has been lately engaged in an examination of tea. He finds that a most extensive system of adulteration is practised in China, since the very numerous specimens he has examined have been obtained from sources which render the fact of their having actually been brought from China indisputable. Many samples are found not to contain a single grain of tea, being made up entirely of other leaves. Green teas are for the most part spurious, being manufactured out of cheap black teas. This fraud seems to be accomplished with great dexterity, and with the greater care the higher the price of the green tea it is intended to imitate. From the common green teas the colouring-matter may be washed off by agitating the tea with cold water and drying it, when it is at once converted into black tea without the leaf uncurling. On examining it with the microscope, it is seen that a uniform whitish surface is given to it, by means of what appears to be Kaolin or porcelain clay, which, also, very conveniently adds to the weight; upon this a yellow substance, mixed with Prussian-blue, is dusted, hence the green colour, which may thus be rendered of any tint. Chemical examination detected the presence of sulphate of lime, Prussian-blue, and a vegetable yellow colouring-matter, probably turmeric.—*Chemical Gazette.*

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Artificial Organic Bases.—Dr. A. W. Hofman, in a paper published in the *Philosophical Magazine*, has made a most elaborate investigation into the basic substances found in the naphtha of coal gas. The very close analogy of constitution between certain of these gases with the vegetable alkaloids, renders their physiological effects a matter of the greatest interest; nay, these effects and that analogy seem to warrant the extraordinary anticipation that all the vegetable alkaloids, morphine, quinine, veratrine, &c., may ere long be made by some artificial process.

Dr. H. says of cyanol, one of these artificial bases, "Leeches are killed by immersion in a watery solution. I injected into the throat of a rabbit about 0.5 gram. of cyanol, mixed with three times as much water; in a few minutes violent spasms ensued, accompanied by difficult and slow breathing, and complete prostration of all power; the pupil of the eye was dilated. On shaking

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the floor the rabbit was seized with violent spasmodic contractions, similar to those produced on narcotized frogs. Twenty-four hours after, it had not recovered; the breathing was still slow, and the mucous membranes of the mouth highly inflamed." When the cyanol is applied to the eye of an animal, the pupil contracts violently.

Another of these bases, *leucol*, was injected in the same manner into the throat of a rabbit, but it did not produce spasms. The animal, after throwing back its head convulsively, was seized with a total prostration of all strength, which lasted some hours. The next day it had perfectly recovered. Further experiments are being made upon the physiological effects of these bases by Professor Rau and others.—*Lancet*, May 11, 1844.

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Health of Workmen employed in the Manufacture of Tobacco. By M. Simbon.—In France it is the government which has the monopoly of the tobacco, and it employs 5000 workmen in its manufacture. From the report presented to the minister of public works, it appears that this trade is not only not deleterious, but that those engaged in it are less subject than others to the prevalent epidemics, and even to phthisis itself. Thus, at Morlaix, where an epidemic dysentery was raging amongst the inhabitants, only one or two were seized with it, and they were men given to intemperance. They, however, recovered. At Lyons, where the typhoid fever was excessively prevalent, not one was attacked during 1842. The same occurred at Tonneins, where the influenza attacked one out of every twenty-five of the inhabitants. Out of 286 workmen engaged in the tobacco trade only two were attacked.

As to phthisis, the facts relative to the freedom of the workmen from that disease are striking. This is the more remarkable, as the snuff-makers are constantly respiring an atmosphere saturated with the dust of tobacco. These men are consequently frequently laid up with catarrhs, but these are, in general, slight and easily removed. If they are frequently attacked, or are originally delicate in the chest, organic alteration of the respiratory organs sometimes occur, but even this is by no means common. The ascertained facts seem to contradict the theory that workers in tobacco are liable to phthisis; and they prove that the manufacturers of tobacco are less liable to phthisis than the inhabitants of the district in which they dwell.

At Bordeaux phthisis is rare among the workmen, and, when it does occur, it makes less rapid progress than in others. At Havre, where phthisis decimates the population, it is so rare among the tobacco manufacturers, that no case has yet been observed. At Strasbourg no workmen have been observed to labour under consumption, though it occurs in their families and is prevalent in town. And at Morlaix and Lille it is much less common among the workmen than in an equal number of men in almost any other profession.

M. Simeon thinks this innocuity of the workmen to diseases may be ascribed to the narcotic properties of the tobacco; but wishes the attention of the medical profession were drawn to the subject, as some advantage might be taken of this valuable property of the tobacco in the alleviation or prevention of disease.—*Ed. Med. and Surg. Jour.*, from *Annales d'Hygiene Publique*, Oct. 1843.

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Condition of the Pauper Population of Glasgow.—Dr. David Smith, in an account, in the *Edinburgh Med. and Surg. Journal*, (Jan. 1844,) of the epidemic fever prevailing in Glasgow, gives the following description of the shocking condition of the pauper population of that town. It is not a little curious that, while the English profess such strong sympathy for the condition of the slaves of the South, and raise large sums of money for the promotion of projects of at least questionable utility, they should shut their eyes to the far worse than slavish and heathenish condition of so large a portion of their own population, and close their hearts from all sympathy with their neighbours and fellow-citizens.

"The tenements in which I have visited," says Dr. Smith, "are occupied from the cellars to the attics, and almost altogether kept for lodging-houses,—many of them being more fit for pig-styes than dwellings for human beings, and, in not a few, the donkey and pigs rest at night in the same apartment with the family. The entrance to these abodes is generally through a close, not unfrequently some inches deep with water, or mud, or the fluid part of every kind of filth, carelessly thrown down from unwillingness to go with it to the common receptacle; and in every close there is at least one of these places, situated often immedi-

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ately under the windows of the dwelling houses, or, together with byres, stables, &c., forming the ground-floor; while the stench arising therefrom, in summer, pollutes the neighbourhood, and, more especially, renders the habitations above almost intolerable. The beds are variously constructed; some being merely a portion of the floor divided by a piece of wood, kept in its place with stones or brick; others have this space filled with shavings or straw, without a blanket or coverlet; in other cases the beds are formed in tiers over each other, as in the steerage of an emigrant ship; and, in a few, there may be found a mattress and bed-clothes. Ventilation, even were it possible to be of use, is never attended to; the inmates of these hovels being, to all appearance, perfectly contented to breathe an atmosphere loaded with tobacco smoke, and the emanations arising from total disregard to cleanliness. Need I add to this, that the inhabitants with whom I have to deal are of the very lowest ranks in society; a few of them are labourers, but the greater majority are hawkers, and beggars, thieves, and prostitutes. At night whole families sleep in one bed, and, as there are several beds in each apartment, several families are made to occupy it. Thus, there are sometimes from twelve to eighteen persons huddled together in a space not more than as many feet square; and fathers, mothers, brothers, and sisters, dress and undress before each other, and also before strangers. In short, of the moral degradation, grossness, and misery of these people, no adequate description can be given; a few, very few indeed, besides the district surgeons, know the actual condition of the pauper population of Glasgow."

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Invagination of the Intestines; Ileac Passion and Volvulus. By M. Raspail.—Were it possible, with impunity, to introduce two of our fingers into the peritoneal cavity, it would seem an easy matter to entangle or twist together the various folds of the small intestine, to cause an artificial knot, or *volvulus*, and, consequently, to produce or dissipate at will all the symptoms of *ileus!* Now, the lumbricus and the leech, by means of the double organ of apprehension placed at their extremities, are enabled to operate after the manner of two of our fingers, to knot and unknot our intestines, or to produce invaginations, the length of which will be governed by the distance of the two extreme points of the intestinal surface, on which the two extremities of the worm shall be applied. In fact, suppose that a lumbricus, thirty *centimètres* in length, extend itself in a perfectly straight direction along the internal surface of the small intestines; that it affix its head by its organ of apprehension, and its anus by the two copulative hooks or processes, against the intestinal surface; and that, this being done, it twist itself up, or roll itself round in a spiral form, so as to bring its anus into approximation with its head; it will of necessity happen, in consequence of this movement, that the intestinal ring to which the head is affixed will be drawn forcibly within that upon which the tail is applied, or *vice versâ*. In this way should we have intestinal invagination produced; that is to say, the one knuckle of intestine would be drawn tightly within the other, somewhat on the principle of a glove which is partly turned inside out. But if this invagination continue, the invaginated knuckle will, in consequence of the inflammatory action induced by the prolonged contact, quickly form adhesions with the constricting portion, at that spot where the contact shall be most perfect. It might further happen, from the inflammatory action thus set up, that the constricted portion would be detached by sphacelus; and the patient would then render by stool a portion of the intestine, which may be readily recognized, provided its anatomical characters be not entirely effaced by disorganization. Here is a case of what would be denominated, in scholastic language, *spontaneous* invagination, produced solely by the action of the *lumbricus*.

The transition from this state to that of *ileac passion* or *volvulus* is simple enough. Imagine, in fact, a worm of a certain length rolling itself up, after having fixed its buccal apparatus upon the surface of the intestine; is it not evident that this living ball may thus obstruct the passage of a portion of the small intestine, or even of the large one, and so force the fæces to take a retrograde direction, and be returned by the mouth? Again, if the lumbricus draw together the two extremities of a knuckle of intestine, this may readily become the occasion of volvulus, by the introduction of another portion of intestine within the ring thus formed, and the consequent strangulation which would be induced.—*On the Physiology of Health and Disease, Med. Times*, June 1, 1844.

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PENNSYLVANIA HOSPITAL.

Cases treated in the Surgical Wards of the Pennsylvania Hospital, since May 21. Service of Dr. NORRIS.

Admitted—Caries, 2; Cataract, 1; Concussion of Brain, 1; Conjunctivitis, 2; Contusions, 15; Coxalgia, 1; Dislocation of Humerus, 4; *Fracture* of Nose 1, do. Lower Jaw 1, do. Humerus—Gunshot 1, do. Arm 2, do. Radius 2, do. Pelvis, Thigh, &c. 1, do. Thigh 4, do. Thigh—Gunshot 1, do. Leg 2, do. Fibula 1, do. Foot—Compound 1, do. Spine 1, do. Internal Condyle of Humerus 1, do. Fingers—Compound 2, do. Skull 2, do. Patella 2; Furunculus, 1; Fistula in Perinæo, 1; Ganglion, 1; Hæmorrhoids, 2; Herpes Zoster, 1; Inflammation of Axilla, 1; Ankle 1; Necrosis, 4; Paronychia, 1; Periostitis, 1; Poisoning by Laudanum, 1; Scald, 2; Scrofulous Tumours, 1; Tinea Capitis, 1; Ulcers, 8; Venereal Diseases, 10; *Wounds* of Scalp 3, do. Penetrating of Eye 2, do. Contused 1, do. Lacerated 2, do. Gunshot of Chest 2, do. Gunshot of Groin 2, do. Gunshot of Arm 5, do. Gunshot of Hand 1, do. Penetrating of Stomach 1, do. of Artery 1.—Total 112.

Discharged—Cancer of Mammæ, 1; Caries, 3; Concussion of Brain, 1; Conjunctivitis, 1; Contusions, 11; Dislocation of Humerus, 4; *Fracture* of Skull 2, do. Spine 1, do. Pelvis, &c. 1, do. Femur 5, do. Femur—Compound 1, do. Leg 2, do. Fibula 1, do. Compound of Leg 1, do. Radius 2, do. Compound of Fingers 2; Fistula in Ano, 1; Hæmorrhoids, 1; Herpes Zoster, 1; Inflammation of Axilla, 1; Iritis, 2; Inflammation of Knee, 2; Necrosis, 1; Poisoning by Laudanum, 1; Psoas Abscess, 1;

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent GRATUITOUSLY *to all subscribers to the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on Number Twelve.*

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Scald, 1; Scrofulous Tumours, 1; Stricture of Urethra, 2; Ulcers, 8; Venereal Disease, 6; *Wounds* of Scalp 2, do. Contused 2, do. Lacerated 2, do. Incised 4, do. Penetrating of Eye 2, do. Penetrating of Abdomen 1, do. Penetrating of Knee-Joint 1, do. Gunshot of Abdomen 4, do. Gunshot of Chest 2, do. Gunshot of Shoulder 1, do. Gunshot of Groin 2, do. Incised of Throat 1; *Tumour*, Fatty 1, do. Malignant of Bone 1; Injury from Blasting 1.—Total 95.

Of these there died of Concussion of Brain, 1; *Fracture* of Skull 2, do. Spine 1, do. Pelvis, &c. 1; do. Compound of Femur 1; Poisoning by Laudanum 1; Psoas Abscess, 1; Scald, 1; *Wound*—Penetrating of Abdomen 1, do. Gunshot of Abdomen 4, do. Gunshot of Chest 2, do. Gunshot of Groin 2.

F. W. Sargent, M. D.

July 23, 1844.

ST. GEORGE'S HOSPITAL.

Clinical Lecture on Foreign Bodies in the Nose, Ear, Pharynx, Œsophagus, Stomach, and Intestines. By Sir B. C. Brodie, Bart. (Continued from p. 55.)

It is not an uncommon thing for pins and needles to be found in the cellular membrane. Sir Charles Bell had a female patient, in whom an abscess formed in the breast, on opening which a needle was found in it. It was supposed to have been swallowed, and to have worked its way through the œsophagus, &c., to the breast. Other cases have happened where needles have caused suppuration. They are sometimes taken out in large numbers. A lady of an hysterical habit was married to a man who afterwards became insane, and once or twice, in a fit of insanity, nearly murdered her, so that, what with anxiety for him and for herself, her nervous system was very much shaken. He died, but she remained in a very weak state, complaining of continual pain on one side, and subject to fits, something like catalepsy, a sort of fit like that produced by animal magnetizers in hysterical women, in which the patient appears to be unconscious, but is not so in reality. One day she was sitting in her room alone, with a paper containing fifty needles before her; after a time she rang the bell, said she had had a fit, and the needles had run into her leg. Well, this was thought to be very odd, but on looking at the paper, there were only seven or eight left. It was then supposed that they might have got into the footstool, which was completely unpicked, but none could be found, only parts of needles. On looking then at the leg, there was seen to be something singular about it, and a surgeon was sent for, who picked out two or three needles that were near the surface. In a few days he was sent for again; as there were more to be felt, and he could not get them out, he sent for me. I took out such as I could, and was again called in a few days afterwards. I think in all we extracted about eight-and-twenty. All these were from one leg; after a time it became swollen and œdematous, the patient became more and more weak, and gradually sunk and died, for want, as I thought, of sufficient nervous energy. On examining the leg, more needles were found, nearly enough to account for those that were missing.

There are two points to be considered in this case—the first, how to take them out, which is a practical point of great importance, and the second, how they got there. Now it may seem very easy to extract needles from the cellular tissue, but it is not so in reality, for they slide about very much, and if any pressure be made on them, before they are seized with the forceps, they will slip away. You must not attempt to take them from the human body, unless they are close to the surface; you must then puncture with a lancet on one side of it, and when the black point of the needle can be seen, you can take it out with the forceps. If you have recourse to any rough usage, the needle will slip away, and it will be impossible to extract it. As to the question, How did they get there? there can be no doubt but that she put them there herself: the needles could not have got there otherwise. While in her cataleptic state she was not utterly insensible; and as girls, while in the apparent sleep of magnetism, humbug themselves and others by pretending to read with the back of the head and elsewhere, so was she humbugging herself about these needles. Not that I mean to doubt that one or two pins or needles might have been accidentally introduced into the cellular tissue by sitting down on them or otherwise, but such a number is quite incredible. As a boy, I read in the Annual Register, the case of a girl, who swallowed a whole paper of needles, and which, afterwards came away by the arms, the breasts

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and legs. This was gravely called a case of needle-swallowing; now I cannot understand how a person can swallow twenty or thirty needles! It is not possible to swallow as many fish-bones, and even if this could occur, we should expect inflammation of the stomach or peritoneum to arise during their passage across to the arms, legs, &c. Hysterical women will frequently play curious tricks upon themselves; but when this occurs to us in practice, we should not denounce them as impostors, but content ourselves with saying it is very extraordinary. A young lady alarmed her family and puzzled several doctors by mixing ink with her urine. Her urine was always very black—yet this young lady was very good and honest, when she had recovered from her hysterical condition.

Foreign bodies may occasionally find their way into the trachea, and I shall conclude this lecture with some remarks on that subject. This accident usually occurs in this manner:—the patient has something in his mouth, and tries to speak, while in the act of swallowing, in effecting which the epiglottis is raised, when it should be shut, and thus the morsel passes into the glottis. If big enough to stop it up, the patient may be suffocated; or else is set coughing, and the cough may bring it up again. At other times it slips down, and the foreign body is in the trachea. Various substances may thus get into the trachea—cherry-stones, almonds, pieces of bone, gold and silver coins; &c.

The effects produced by a foreign body in the trachea will be different, according to its size, shape and position. It may be so large as to descend to the bifurcation of the trachea, and not cause any harm, or so large as nearly to fill the diameter of the trachea; but this is not often the case, for if the foreign body be small enough to enter the glottis, it will not be big enough to stop it up. If broad, it is generally narrow, and does not lie quite across, so that air can generally whistle by it on either side. Then again the body may be very light, so that it rises up in the trachea, during a paroxysm of coughing; or very ponderous, so that it remains always at the most dependent part; or again, it may be so small as to descend into the bronchus, in which case it is generally the right, as it is wider than the other, and lies more nearly in a line with the trachea. Let us suppose a body light and smooth, like a cherry-stone or an almond, and movable in the trachea. It will lie generally at the bottom of the trachea, and not cause any inconvenience until cough is excited, and then, after some time, it may be coughed up through the glottis; at other times, however, it may be caught in the glottis, and strangle the patient. This is one of the effects of a foreign body in the trachea. Let us next suppose something not very ponderous, but irregular in shape, with sharp edges lying across, sticking in the trachea or one of the bronchi. There will not be much difficulty of breathing, but inflammation will be excited, and the secretion of viscid mucus, which, added to the foreign body, will block up the part of the trachea which had been free, and the patient will die suffocated. Supposing the foreign substance to be composed of metal, a heavy substance, it will keep at the bottom of the trachea, if of large size, or else get into the bronchus. A metallic body which has passed through the aperture of the glottis, is generally small enough to get into the bronchus.

What happens when it or any other foreign body has passed into the bronchus? It does not generally cause difficulty of breathing, as it is frequently small enough not to interrupt the return of the air from that side of the chest, or if it does, there is still another lung for respiration. Cough is produced, and if the patient is placed in the inverted position, it will roll down to the glottis, and threaten suffocation. As this, however, is a position not often assumed, there is not much danger from it. It may remain there a long time, but will ultimately induce disease in the lungs. A man swallowed a louis d'or, and four years afterwards he had disease of the lungs and abscess.—His case is recorded in the memoirs of the French Academy of Surgery. A boy swallowed a sixpence, he was taken to Guy's Hospital, and because his lungs had become diseased, Mr. Key refused to operate. A child swallowed a tin tack; he soon expectorated pus, and finally coughed it up; the discharge of pus then ceased, and the patient recovered.

Foreign bodies are very frequently coughed up, and it has been proposed to attempt their removal by making the patient cough. It has also been proposed to do so by an emetic, but that is nonsense. In the act of vomiting, or just before, a deep inspiration is

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made, and the diaphragm descends and combines with the action of the abdominal muscles in expelling the contents of the stomach. This proposal is founded on wrong physiological notions.

It is dangerous to trust to coughing; the foreign substance may be brought up to the glottis, may stick there, and the patient die in consequence. An opening should be made low down in the trachea, and as the patient is not in immediate danger of suffocation, you may proceed as leisurely as you please, taking up each vessel as you go on, and separating the parts with the director instead of the knife. If the trachea is opened while the blood is flowing, it will be drawn in during the act of inspiration, and the patient will be suffocated. I know a case where a surgeon was operating, and the patient died directly the opening was made. The body was examined the next day, and the trachea and bronchus were found to be full of blood. Three or four rings of the trachea should be divided, but there is not any necessity to cut away any part of it. Well, then, what happens after the operation has been performed? If it be a light body, the edges of the opening being held apart, the patient coughs, and it is thrown out, and if not, the danger of suffocation from its sticking in the glottis is prevented. If it be a rough substance, such as a bone, not movable, and sticking in the trachea, you must take it out with the forceps. With respect to the removal of a foreign body from the bronchus, you must never attempt it if it can be avoided, for the introduction of the forceps creates great irritation, and it is a frightful thing to do, while the patient is agitated with convulsive cough. Consider what important parts you may injure. You may take hold of one of the subdivisions, or injure one of the pulmonic plexus of nerves; the phrenic nerve is just behind, and the great vessels of the heart close by. Still, if a piece of bone stick across the bronchus, it may be the only way of getting it out. The forceps in that case must be passed in at least four or five inches from the opening you have made. In the case of Mr. Brunel, which occurred last year, when a half-sovereign passed into the bronchus, an opening was made into the trachea, but the foreign substance was not coughed up, as a cherry-stone would have been, because it was too heavy. Before the opening had been made, we could move the coin by placing our patient on an inclined plane, when the half-sovereign stuck in the glottis, and nearly choked him. I determined, therefore, not to repeat that experiment until an opening had been made below the thyroid gland. This was made, and some days after, he was again placed on the inclined plane, and the coin escaped without any convulsive cough or spasm of the glottis.

To recapitulate the history of this case, Mr. Brunel, while playing with a child, got a half-sovereign into the trachea, which caused a violent cough. He was placed on a movable platform; the coin rolled to the glottis, and stuck there, nearly inducing suffocation. An opening was made in the trachea, and attempts were made to extract it with the forceps, causing violent irritation and cough. The opening was kept patent by the use of a tube from time to time when requisite, and when the patient had recovered from the effects of the operation, he was again placed on the movable platform, and the coin rolled out of the mouth, without any spasm of the glottis. Some blood escaped with it, evidently from the external granulations.

The rule, then, when there is a foreign body in the trachea, is not to trust to nature. Make an opening, and if the body is light, it will be thrown out; if not, by the patient assuming a certain position, it may be made to come out at the glottis by its own weight; and if it be rough and irregular and stick in the trachea, you must use the forceps for its removal through the opening you have made, but with great caution, more especially if the foreign body should be in the bronchus.—*Med. Times*, Jan. 20, 1844.

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Another new Reformer in Medicine.—A new reformer in Medicine, *Ernest Mahner* by name, has sprung up in Leipsic. The prophet is foreshadowed even in his external appearance. He pretends that he has discovered, or at least brought to light again, the original and primitive Hygiène; and has already committed to print a portion of his grand panacea. Abstracting himself from all former medical theories, he rejects alike allopathy and homœopathy; the nearest thing he comes to is hydropathy. It is his innate conviction, that, by the adoption of his purely "Natural System," phy-

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sic and physicians will henceforth be superfluous. That the man possesses a clear understanding, some wit, and is a ready speaker, we cannot deny; he lectures to crowds of students in *convictorio*, and at times also in the Rosenthal. If he is to be believed, he has made personal trial of his doctrines; for a time he dwelt in the wilds of America: at another, for the purpose of strengthening his system, he practised daily swimming in the sea in the month of January, during a sojourn in Calais; he also took long walks, stark naked, during a keen frost; lay amongst grass, covered with hoar frost, &c., and all this for the purpose of testing to the uttermost the powers of resistance of nature. In a word, his system may be described as emphatically "a hardening one."—*Allgemeine Zeitung sur Chirurgie, &c.*

This system, in part at least, has long been in practice in the Highlands and Islands of Scotland, a visit to which would assuredly rejoice the heart of Herr Mahner. Even in some of the southern parts of the island, we do not despair of his finding converts—the more striking his propositions, the more readily will he be to find such. L'homme est de glace aux verités. Il est de feu pour le mensonge.

—

Newspaper Puffs of Medical Men.—The following pithy remarks on this subject are from the *Provincial Medical and Surgical Journal.*

"When men would fain make haste to be rich, numberless are the modes they adopt of setting their claims for patronage before a discerning and enlightened public. Some adopt the straightforward plan of pasting a placard on a wall, or thrusting it into your hands in the street. Others fall to work with scissors and paste, manufacture cases, publish a book, and entice people to buy ten shillings' worth of nonsense, in order that they may see the author's address, with the announcement that he is at home from nine till two, and the useful caution not to go by mistake to Dr. ——, an unlucky namesake in the next street. Others preach in a Methodist chapel, or lecture at a mechanics' institute, not forgetting to make some quite accidental allusion to their professional pursuits; others have a constant succession of dreadful accidents to lords and honourables, which those officious people, the reporters, will insist on sending to the "Morning Post;" others, again, get up a charitable institution, elect themselves medical officers, and return thanks in the newspapers; some, too, resort to strange hats or white horses; but there is one rule always observed, and that is, that the more oblique and circuitous the blow, the more effective: an ambuscade is better than an open attack; the gull-catcher and his snare should both be hidden.

"Now, there is one kind of newspaper puffing, which is so delicate, so unobtrusive, which carries with it such an air of disinterested kindness, that I had long grieved to see it monopolized by actresses, legacy hunters, and sham benevolent associations, to the great detriment of my dear professional brethren—of such of them, at least, as deem it their duty not to lose any opportunity of making known the benevolent miracles which they work. An advertisement in the regular columns looks glaring and quackish; an editorial puff pretty generally betrays its source; but no one can have any suspicions when the editor merely gives a 'conscientious opinion' 'in answer to the inquiries of numerous correspondents.'"

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death from Hemorrhage in extirpation of an Ovarian Tumour.—Dr. W. L. Atlee, in his interesting account of the extirpation of an ovarian cyst, in the *American Journal of the Medical Sciences*, July 1844, p. 67, asks, "Is there one case on record where the cause of death could be legitimately traced to hemorrhage?" No such case may have been *recorded*, but a correspondent writes us—that, many years ago, a patient in the Massachusetts General Hospital bled to death on the table during an operation for the removal of an ovarian tumour.

—

Albany County Medical Society.—The legislature of New York, at their last session, having repealed all laws restricting the practice of physic and surgery, the Albany County Medical Society appointed a committee to report what course it was expedient for the society to pursue under the circumstances. This committee has made an able report, which concludes with the following remarks:—

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"Quackery must be suppressed, not by legislation, but by enlightening the public as to its dangers. The dignity and respectability of our profession is to be promoted, not by asking for legal privileges, but by an increase of individual zeal and a more cordial co-operation. It is a great error to suppose that the repeal of the restrictive laws puts the physician on a level with the quack, and takes away the barrier which separated them. The barrier which effectually separates the two classes is formed by the higher attainments and honourable deportment of the members of the former, and this is the barrier which it depends upon us to make higher and stronger. It is one which quackery will not surmount and which no legislative enactment can break down."

Medical Convention of Ohio.—The seventh annual meeting of this association was held at Mount Vernon, Ohio, on the 28th, 29th, and 30th of May. Professor R. D. Mussey was elected President. About one hundred members were present. The next meeting of the convention is to be held in Columbus, on the third Tuesday in May, 1845.

Medical Society of the State of Tennessee.—The fifteenth annual meeting of this association was held in Nashville on the 1st and 2d of May. Dr. A. H. Buchanan, President of the society, presided. The annual address was delivered by the orator, Dr. Robards. Dr. Winston was appointed orator for next year.

Cleveland Medical College.—This institution has, by an act of the Legislature, become the Medical Department of Western Reserve College, by which it acquires full collegiate powers. Sixty-seven pupils were in attendance the last session, eighteen of whom received the degree of M. D.—*Western Lancet.*

Castleton Medical College.—The number of students during the Spring session, which closed on the 19th of June, was one hundred and thirty. Of these, thirty-four received the degree of M. D.

Willoughby University.—The Medical class, the past session, numbered fifty-two, and of these, seven received the degree of M. D.

Respect to the Memory of Dr. Otto.—At a special meeting of the College of Physicians, of Philadelphia, convened on the afternoon of the 29th ultimo, for the purpose of testifying its respect for the memory of its late Fellow and Vice-President, John C. Otto, M. D., the following resolutions were unanimously adopted:

Resolved, That while we contemplate the removal from amongst us of our late venerable and respected Fellow, as the fulfilment of the law of our being which makes it needful for man "once to die," we cannot but lament the loss of one whose scientific acquirements, practical abilities, and moral worth, placed him in a position of merited eminence among the Fellows of the College.

Resolved, That while we deplore our own loss and that of the profession generally, we deeply sympathize with the family of the deceased, who have been bereaved of a kind and faithful husband and parent:—and we desire to tender to them an expression of our heartfelt condolence.

Resolved, That a Fellow of the College be appointed to prepare a suitable record of the life and character of the deceased, to be preserved among our archives.

Resolved, That the Secretary of the College be requested to transmit a copy of these proceedings to the family of the deceased, and to have the same published in the medical journals and one or more of the daily papers.

By order of the College.

D. Francis Condie, Secretary.

FOREIGN INTELLIGENCE.

Ligature of the Left External Iliac Artery.—M. Malgaigne related to the French Academy of Sciences, June 3, a successful case of ligature of this artery, on a young lawyer, for a very large aneurism, seated in the groin, and extending upwards to the spine of the ilium. The operation was performed on the 11th of February, by a vertical incision, inclining inwards. One ligature only was applied, which came away on the sixteenth day. Five weeks after, when the wound was nearly closed, it was opened afresh by the bursting of the aneurismal sac, which, however, gave rise to no serious accidents; for the patient pleaded a cause on the 11th May, three months after the operation. To-day, the general health is good; the left lower extre-

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mity is as large, as warm, and as strong, as the other, though it is impossible to feel any pulsation in the arteries. No symptoms of hernia as yet.—*Med. Times*, June 15.

Wound of the Heart.—M. MARINI publishes the case of a woman wounded by a knife in the left ventricle of the heart, and surviving sixty-five days. The patient having been freely leeched and bled, the exterior wound rapidly cicatrized, and she was dismissed from the hospital perfectly cured. About three weeks afterwards, she suddenly died at stool. A *post-mortem* examination took place; the thoracic cavity was found to contain about ten ounces of a light yellow, inodorous lymph; the pericardium was abnormally thickened in one point, showed traces of former inflammation, and when removed and opened, was found full of clotted and liquid blood, to the amount of about two pounds. The heart was atrophied, thinned, and full of blood, and was pierced at its point by a round conical hole, which, like a sphincter, communicated with the left ventricle, and showed on its surface a whitish callosity, corresponding to the cicatrix of the pericardium. Interesting questions arise from this case. Was the wound really healed, and again broken by an effort; or was the cavity merely obliterated temporarily by a clot of blood, which being displaced, caused death? In either case it is singular, and suggests the necessity of careful attention in similar accidents, *after* the cure has been supposed to be effected.—*Ibid.*, from an Italian Journal.

Cataract.—M. SKOLASI has announced to the French Academy of Sciences that he has successfully operated for cataract on a man 104 years of age.

Nervous Fluid.—M. THILORIER and LAFONTAINE, in a communication made to the French Academy of Sciences on the 10th of June, announce that they have discovered the nervous fluid. From a series of experiments, these authors conclude that this fluid is an imponderable one, and may be placed between the electric and the magnetic.

In a subsequent communication, (June 17,) M. Thilorier wrote to the Academy that the nervous fluid forms a sort of atmosphere around the living body, and is under the influence of the will, by which its direction and its intensity are modified. From a series of experiments, the author concludes:—that iron may be magnetized by the will, not only by immediate contact, but likewise at a distance, and even when separated from the person by a pane of glass or a glass ball;—that the three principal points from which the fluid escapes, are, the hands, epigastrium, and forehead.[!]

Analysis of the Blood in a case of Lead Colic. By Professor COZZI.—Having been charged with the analysis of a certain quantity of blood, taken from a subject attacked with lead colic, Professor Cozzi sought to ascertain whether this liquid contained salts or oxides of lead, and whether these substances were combined with all the proximate principles of the blood, or only with some of them.

He detected the presence of a salt and an oxide of this metal, and he found, moreover, that, instead of being combined with the hæmatosin, the periglobule and the fibrin, they entered into combination with the albumen.

This analysis, which supports the theories already published by Schuebler, Berzelius, Lassaigne and Taddei, is the first by which we have been made acquainted with which of the proximate principles of the blood lead really enters into combination.

[The analysis which we made with M. Bricheteau, of the urine of white lead makers attacked with lead colic, showed that these urines contained salts of lead.—[A. CHEVALLIER.]—*Med. Times.*

Carbonate of Soda in the preparation of Coffee.—M. PLEISCHEL states, from experience, that the infusion of roasted coffee acquires a far superior taste, and is rendered more concentrated, consequently, that a much larger amount of beverage can be prepared from the same quantity of coffee, by adding to the boiling water, just before pouring it over the coffee, 1 gr. of crystallized carbonate of soda for every cup, or 2½ grs. for every half ounce of coffee.—*Ibid.*

Chloroforme.—This medicine is a very dense, limpid liquid, as transparent as water. It is obtained by the distillation of alcohol and the chloruret of lime dissolved in water. Alcohol and ether dissolve it readily; water precipitates it. M. Guillot administers it in the following manner: about four grammes

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of the chloroforme are added to four hundred grammes of distilled water; the two liquids are then violently shaken together in the flask, and after having been set aside for a quarter of a minute, one or more spoonfuls are given to the patient, and the dose repeated, according to the case, two or four times a-day, more distilled water being added when the first quantity has been exhausted. Each spoonful, therefore, contains a notable quantity of distilled water, plus a small dose of chloroforme, the precipitation of which to the bottom of the water had not been perfectly effected. The medicine was first exhibited to persons in good health, so that it was afterwards given to the sick without fear. Healthy persons have taken as much as two hundred grammes of distilled water, holding in suspension a notable quantity of chloroforme, and they have not experienced any inconvenience from the dose. The medicine has a saccharine, slightly alcoholic savour, very analogous to that of the ethers. The asthmatic patients, to whom it was administered, took it with pleasure, and some even asked for a repetition of the dose, finding considerable relief from its exhibition; others did not appear to have received so much benefit. Nevertheless chloroforme may be regarded as an antispasmodic, presenting considerable analogy of composition and action with the ethers.—*Ibid.*, from *Buchardat's Annuaire.*

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Nutritive Properties of Gelatine.—The commission of the French Academy of Sciences made a report on the 4th of March last to that body, in which they state, as the result of their experiments, that gelatine, whether alone or combined with other substances, is divested of nutritive properties.

—

Tobacco-Smoke applied to Gouty Limbs.—In M. Reveille-Parise's work on Gout and Rheumatism, we read that "the fumigations of tobacco—recently proposed by the Abbe *Girod*, canon of Nozeroy, and which consists in exposing the pained part to the smoke of the dried leaves, thrown upon heated coals, for about a quarter of an hour at a time—have been often found to afford great relief; they may be repeated three or four times in the course of the day. To guard against the return of the malady, the Abbe advises the occasional use of a foot-bath made by boiling tobacco-leaves in water."

The remedy is cheap, and may certainly be sometimes useful. Dr. *Hinard* reports very favourably of its soothing effects upon himself.

(Have any of our French brethren ever tried the homely remedy of cabbage-leaves—previously softened by steeping them in hot water, and then slightly dried—as an application to gouty and rheumatic joints? Often have we occasion to witness its good effects. Another very convenient and useful application is a wash composed of water, vinegar, and any spirit—from gin to eau de Cologne: it should always be used lukewarm, and the part should be covered with oil-skin.)—*Med. Chirurg. Rev.*, July, 1844.

—

Creosote, a good application to Burns.—Creosote is one of the most valuable of those remedies which the ancient writers designated as *incarnatives*; *i. e.*, promoting cicatrization. M. *Mascharpa* has drawn the attention of his countrymen (Gazetta Medica di Milano) to its excellent effects in this respect, as an application to many others. He has used it also in several cases of burns with the most satisfactory results: it soothes the pain of the injury at the time, and accelerates the subsequent progress of the cure. The best mode of using it is in the form of lotion,—made by adding 20 or 30 drops of it to two or three ounces of water, and applied with pledgets of linen to the injured surface.

(The London Pharmacopœia, in its edition, contains an "Unguentum Creosoti," prepared with half a drachm of the oil to an ounce of lard: it is applicable for the same purpose as the solution of the oil in water.) *Ibid.*

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University of Edinburgh.—Dr. William Gregory, Professor of Chemistry in the University of Aberdeen, has been appointed Professor of Chemistry in the University of Edinburgh, in the place of Dr. Hope, resigned.

—

Obituary.—Dr. Hope, late Professor in the University of Edinburgh, and long eminent as a teacher of Chemistry, died on the 13th of June last.

Lea & Blanchard have published Part Ten of the Cyclopædia of Practical Medicine, to be completed in twenty-four parts, at 50 cents each.

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THE

MEDICAL NEWS

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VOL. II. SEPTEMBER, 1844. No. 21.

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CLINICS.

Clinical Lecture delivered at the GREAT CHARITY HOSPITAL, *Berlin*, by Dr. SCHONLEIN, first physician to the King of Prussia, founder of the Natural System of Medicine in Germany, and Professor of Pathology and Therapeutics in the University of Berlin.

Icterus after the use of mercury.—Itching sensation in the skin.—Delirium.—Tendency to the deposition of fat.—Death.—Result of post-mortem examination.—Epicrisis.—Cirrhosis hepatitis.

Dec. 8th, 1840.—Caroline Buivert, 28 years of age, servant girl. We have recently spoken of one of the most dangerous forms of icterus, which is produced after having taken mercury for the removal of syphilis. I have observed several such cases in syphilitic women, at the Julius Hospital at Wurzburg, even a long time after the administration of the mercury; the present seems to be a case in point. The patient had been affected with syphilis several times, and had been in the syphilitic ward of the hospital a year and a half ago. The icterus, now presenting itself, is of a very intense character; the patient looks as if she had been dyed, or painted with turmeric. She complains of continued hiccup, nausea and vomiting; the matter ejected consists of the food taken, mixed with a white mucus, slimy, without any appearance of bile. The urine is of a dark-red colour, and on analysis is found to contain the elements of bile; the tongue is clean; thirst considerable; the fever moderate; pulse 90 per minute, tolerably full and not hard; the skin dry, rather cool; that of the chest and arms is abraded by scratching, in consequence of the insupportable itching produced by the colouring

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent GRATUITOUSLY *to all subscribers to the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on Number Twelve.*

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matter of the bile depositing itself beneath the papillæ of the skin. The delirious state of the patient depends on the deposit of a similar kind of matter on the membranes of the brain, and the consequent irritation caused by it. Violent delirium is first produced in such cases, which, subsequently, on effusion of serum taking place, becomes converted into sopor. The abdomen is not disturbed, nor is it painful on pressure; no swelling perceptible in any organ.

Prescription.—*Potio Riveri* with *aq. laurocerasi* for internal use; application of vinegar to the head.

Dec. 9th.—We stated our conjecture as to the originating cause of the disease; to remove any doubt, however, it will be necessary to ascertain what treatment she had undergone for the syphilis; what preparations of mercury had been prescribed, and under what circumstances it had been employed. As yet we have not been able to learn any thing regarding it. A fact favourable to our view is this: that the patient has suffered from symptoms of affection of the liver ever since that time, particularly from dyspeptic attacks. The icterus, however, only showed itself during the last fortnight. This form of icterus I have particularly observed in women, and it is generally attended with a remarkable tendency to corpulency,—a condition which is exhibited in this patient; a similar effect is also produced by some other metallic remedies; antimony, for instance, is employed for the purpose of fattening pigs and geese; arsenic is said to be employed for similar purposes in India.

Violent delirium manifested itself last night, which, as already observed, has its origin in the deposit of the colouring matter of the bile on the membranes of the brain; (I have never found the substance of the brain itself coloured yellow in such cases); it subsided again towards the morning. The state of the patient is pretty nearly the same as yesterday; the vomiting, however, has disappeared; the stools are hard and light-coloured.

With regard to the treatment of the present case: the principal remedy against diseases of the liver, mercury, would not here be applicable, unless, indeed, we adopted *Hahnemann's* doctrine of "similia similibus." I would propose the "iodine" in this instance, because it forms the antidote to mercury in its effects, and also because it acts on the absorbent system. No great hope, however, can be entertained of the treatment in a form of disease so far advanced, and where, probably, cirrhosis of the liver has already taken place. The cerebral irritation in the present instance is also a bad sign.

Prescription.—℞. Tr. iodin. gtt. xx.; Aq. meliss. ℥iv.—Mix. A tablespoonful to be taken four times a day; a spoonful of the *electuarium lenitivum* to be taken in the evening. Continue the vinegar to the head.

The solution of iodine was shortly obliged to be discontinued, by reason of the vomiting which it induced. The state of the patient in every other respect remained the same, until the night of the 11th December, when the vomiting increased and death suddenly took place, respiration having become stertorous a short time previous.

Result of the post mortem examination.—The liver had decreased in substance, was soft, unusually full of blood, of a black colour, and found to be in a state of cirrhosis. The gall-bladder was contracted, but filled with a light-coloured bile. The biliary ducts were free; the icterus was, therefore, from no mechanical cause. All the serous membranes, the peritonæum, the pleura, the pericardium, &c., were of a dark orange colour; not so the mucous membranes nor the kidneys. No changes in the lungs and heart, excepting that the internal membranes of the vessels had a slight yellow tinge. Finally, the membranes of the brain, the external as well as those lining the ventricles, were impregnated with the colouring matter of the bile; the proper substance of the brain, however, had its normal colour; the anterior and posterior commissures, the fornix and the septum lucidum, seemed to be rather soft and infiltrated with a yellow liquid. No effusion of serum.

Epicrisis.—We conjectured that the case before us was dependent on a former mercurial course, since the patient had been twice in the syphilitic division of this hospital. The journal, kept during her stay at that period, however, does not altogether justify this conjecture; as the patient, when here for the first time, was treated after the so termed "English method," but the second time with iodide of potass. It is, however, probable that the medical man, under whose care she previously was, had administered large doses of mercury, because she had already taken this medicine previous to her

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entry into the hospital. No inference, therefore, can be drawn from this.

With regard to the symptoms of the disease, I beg to direct your attention to the two following points:—

1st. The restlessness and delirium, always so unfavourable a symptom in icteric patients; this is caused by the deposit of colouring matter of the bile on the membranes of the brain, and particularly on the pia mater and the lining of the ventricle. The same kind of irritation takes place here as on the skin, where, as you will remember, so insupportable an itching exhibited itself as to induce the patient to scratch herself violently. This deposition occasions not only excitement, delirium, &c., in the brain, but also exhibits its effects in the chest: inducing pleuritic irritation, which increases to the most violent phenomena of inflammation, and rapidly terminates in effusion of serum. I have frequently observed this phenomenon in icteric patients, and to no other cause can it be attributed than to this deposit: violent pains suddenly take place in breathing; all the phenomena of pleuritis are developed and speedily terminate fatally:—in 24 or 36 hours, ending in the production of acute hydrothorax.

2d. We had, even during life, expressed our opinion, that cirrhosis of the liver existed, and this has been confirmed by dissection. The substance of the liver in cirrhosis usually diminishes, frequently to an extraordinary extent; the right hypochondrium, in this patient, was found to be quite empty, and the liver could scarcely be felt on pressure under the false ribs. Cirrhosis is mostly combined with atrophy; and when the latter exists, cirrhosis also may generally be presumed. This disease may, however, be accompanied by hypertrophy, in which case the diagnosis will not be difficult, since the state of the organ then becomes appreciable to the touch. The serous portion of the blood in this patient was of a clear yellow colour, and, on analysis, Dr. Simon found the colouring matter of bile in it, but not the other constituents; whilst colouring matter, as well as resin of bile, were found in the urine.

The death of the patient took place suddenly, no urgent symptom being apparent an hour before; rattling in the throat came on, accompanied by insensibility, and thus the patient died through paralysis of the brain, which seems to have been produced by the deposit above spoken of; since neither extravasation of blood nor effusion of serum was found on the brain; indeed, the ventricle was quite empty, and did not contain the quantity of water usually found there in chronic diseases.—*Medical Times*, July 27th, 1844.

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Mesmeric Exhibitions.—A very skilful *artiste*, a Mons. Alexis, has been recently astonishing the Londoners by his wonderful feats in mesmeric divination, and especially his facile and unlimited power of *clairvoyance*. He has been the rage in all the aristocratic circles, and of course the pet, pride and glory of all professed mesmerists, and his triumphs even comprehended some sober men of science, who were simply desirous of ascertaining the truth.

Dr. John Forbes, the distinguished editor of the British and Foreign Medical Review, desirous of witnessing the performances of Alexis and of having his doubts settled on a matter of such extreme curiosity and importance, attended two of his exhibitions, and in an article in the Lancet of the 3d of August, has given an interesting account of what was enacted on those occasions. We have only room for Dr. Forbes's conclusions, which are as follows:—

"1st. That the whole affair bore the complexion of trickery, or, at all events, that it wanted entirely the precision requisite in scientific inquiries.

"2d. That the total amount of positive failures and positive blunders greatly exceeded that of performances having even a colour or slight degree of success.

"3d. That the failures occurred in cases where the circumstances were such as to exclude collusion and the exercise of ordinary vision.

"4th. That all the instances of success occurred where circumstances allowed of collusion or ordinary vision.

"5th. That in all of the cases of success such collusion or vision was either proved or rendered extremely probable.

"6th. That there was not one single unequivocal example of what is called *clairvoyance*.

"7th. That, consequently, this exhibition not only affords not one tittle of evidence in favour of the existence of this faculty in the man Alexis, but presents extremely strong

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grounds for believing that the pretended power in him is feigned, and that he is consequently an impostor.

"From what I witnessed at this exhibition, and at another where it was pretended that the so-called somnambulist exhibited the faculty of having the phrenological organs excited individually by mesmerism, I am much more satisfied than I used to be in regard to the probable causes of the extensive belief in the wonders of mesmerism. On both these occasions it was clear that many of the spectators were either totally unacquainted with the laws of evidence, or that their enthusiastic temperament, or previous convictions or prejudices, rendered them, for the time, incapable of appreciating, or of being guided by, such laws. They admitted, as positive facts, what appeared to calm, unprejudiced observers, not only not facts, but the merest assumptions, unsupported by a tittle of the kind of evidence required in scientific investigations. It was also evident that there was, among such persons, an endeavour to *help* the exhibitor to get at the results proposed, and an eagerness to believe every thing without question, and with a proneness of faith unjustifiable, and therefore never admitted, in inquiries of a scientific character. A further source of fallacy existed in the circumstances in which the great majority of the spectators were placed, viz., the utter impossibility, owing to their distance from the scene of action, of their seeing *exactly* what took place, so as to enable them to guard against the possibility of mistakes, misstatements or collusion. These circumstances, taken in combination with the natural tendency of the human mind to believe rather than to be sceptical, and with the proneness of mankind in general to recollect successful wonders, (especially in the way of guessing, divining or prophesying) rather than failures, may, as I have said, help to explain the wide-spread belief in mesmerism, even if mesmerism should be false."

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Therapeutic agency of Mesmerism.—Mention is made in a New Orleans paper of a young lady who, during the mesmeric sleep, had a tooth extracted, without being conscious of any pain. The fact was very astonishing, till it was subsequently ascertained that she had had *sixty-two extracted* before public audiences, to illustrate the wonderful effects of the new science!—*Boston Med. and Surg. Journal.*

Criminal Attempt at Abortion.—A woman died last week at the House of Industry in consequence of an attempt made by a noted quack in this city to procure an abortion. Shortly before her death she made a deposition, stating what had been done, and mentioning the name of the quack. A coroner's inquest was held upon her body at the House of Industry, and the verdict was that the deceased died in consequence of drugs administered by Martin L. Peters, for the purpose of procuring an abortion. The drug was given under the name of "French Renovating Pills." A warrant has been issued for Peters's arrest, but, as might be expected, the return has been *non est inventus.*—*Ibid.*

—

Quackery.—A fatal case of empirical treatment lately took place in Wurtsboro', (N. Y. we suppose,) an infusion of tobacco and the entrails of some animal having been, it is said, the active agents in the hands of the quack whose name was John Hollister. —*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Suum cuique.—It is stated in an article in the *Boston Medical and Surgical Journal*, credited to the *London Medical Times* and *London Medical Gazette*, that a Dr. Tanesville has employed with advantage creosote as a remedy in certain diseases of the conjunctiva and cornea. The reader will be somewhat surprised to learn that the real author of the practice is Dr. C. C. Hildreth, of Zanesville, Ohio, whose paper, originally published in the American Journal of the Medical Sciences for Oct. 1842, has been generally noticed in the foreign journals, and now comes back to us with the author's name changed, by some sleight-of-hand trick of that mischievous personage, the printer's devil, from Hildreth to Tanesville!

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Cyclopedia of Practical Medicine.—The 12th part of this valuable work, completing the 2d vol., has just been issued. There can be no doubt that the whole will be completed within the next six months.

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Smith and Horner's Anatomical Atlas.—Part III. of this splendid Atlas is before us, and we learn that Parts IV. and V. will be issued early in the present month.

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Journal of Health.—We are indebted to Dr. G. Mendenhall for a number of this useful journal. It is conducted by the physicians of the Cincinnati Dispensary and Vaccine Institution. Its object is to diffuse among the public a general knowledge of the laws that govern health, and of the causes which produce disease. It is published monthly at $1 25 per annum. We are flattered at finding in it so many extracts from our own pages.

FOREIGN INTELLIGENCE.

Gunshot wound of the heart.—Mr. Fuge has in his museum a specimen of this injury, in which the musket-ball passed through the intercostal muscles, entered the right ventricle at the root of the pulmonary artery, passed through the membranous portion of the tricuspid valve, and fell into the right auricle, where it was found after death. The patient, a soldier wounded at Corunna, survived the wound thirteen days.—*Prov. Med. and Surg. Journal.*

Fresh Vaccine Lymph.—M. Majendie announced to the Academy of Sciences, May 27th, that he had met with the cow-pox in a cow which belonged to him. Dr. Fiard has vaccinated many infants with it, and genuine vaccine pustules were developed. M. Majendie placed the cow at the disposal of the Academy.

Changes of Temperature produced by the Rarefaction and Condensation of Air.—J. P. Joule, Esq., in order to estimate with greater accuracy than has hitherto been done the quantities of heat evolved or absorbed during the condensation or rarefaction of atmospheric air, contrived an apparatus where both the condensing pump and the receiver were immersed in a large quantity of water, the changes in the temperature of which were ascertained by a thermometer of extreme sensibility. By comparing the amount of force expended in condensing air in the receiver with the quantity of heat evolved, after deducting that which was the effect of friction, it was found that a mechanical force, capable of raising 823 pounds to the height of one foot, must be applied in the condensation of air, in order to raise the temperature of one pound of water one degree of Fahrenheit's scale. In another experiment, where air condensed in one vessel was allowed to pass into another from which the air had been exhausted, both vessels being immersed in a large receiver full of water, no change of temperature took place, no mechanical power having been developed.—*Proceedings of Royal Society, Athenæum.*

Fluorine.—Drs. Will and Fresenius have detected fluorine in the ashes of plants—it exists in all the cereals. It has been found in the bones of all recent animals thus far examined, and also in fossil bones.

Preparation of Proto-Lactate of Iron.—Take two pounds of sour milk, one ounce of sugar of milk, and one ounce of iron filings; mix, and allow the mixture to stand for several days at a temperature of from 86° to 104° Fahrenheit, taking care to stir it frequently. As soon as the sugar of milk is dissolved, add another ounce; and when a sufficient quantity of proto-lactate of iron has been produced, which is seen by the deposition of a white crystalline powder, the mixture is boiled, and filtered boiling hot into a vessel which admits of being closely stopped. On cooling, the salt is deposited in crystalline crusts. The separation, however, is completed only after the lapse of several days. The fluid is then decanted, the crusts broken and washed repeatedly with cold water, and the salt dried upon bibulous paper at a moderate heat, as quickly as possible. Lactate of zinc may be prepared in the same manner.—Prof. Wohler, *Annal. der Chemie.*—*Lancet*, May 18th, 1844.

Preparation and Preservation of Ointments.—M. Deschamps, in "*The Journal de Pharmacie*," has thrown out a suggestion upon this subject which deserves attention. He made many experiments, he says, first, to ascertain whether the several varieties of fat may, in all cases, be used indiscriminately; and, second, whether any means can be devised to prevent fats from becoming rancid, which must greatly impair their value. He found that an ointment, prepared by heating the buds of the *poplar* in melted lard, is subject to very little alteration by keeping; and it therefore occurred to him that, as this may depend upon a portion of resin extracted from the poplar-buds, a small proportion of gum benzoin might answer a similar purpose. On pre-

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paring these ointments and keeping them for several years, he found they had undergone no change, no approach to rancidity. Iodide of potassium is a very excellent test of any acidity in fat. And by this test he found that no admixture with fat tends to preserve it from change so well as benzoin or poplar-buds; the latter produces an orange-yellow colour, but its colour is not affected by long keeping, even mixed with acetate of lead.

Fat or lard, thus prepared with poplar-buds, or gum benzoin, then, is the best possible basis for ointments containing metallic substances, red oxide of mercury, acetate of lead, iodide of potassium, &c.; with essential oils it makes lip-salve, and an application to blisters very much preferable to ordinary ointments.—*Ibid.*

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Remedial Properties of Naphthaline.—M. Dupasquier has recommended the use of naphthaline as an expectorant. On placing a grain on the tongue a sense of heat spreads over the palate and into the fauces, and excites coughing with expectoration of mucus; and it may be employed for this purpose in preference to balsam of tolu or ammoniacum. In chronic catarrh of old people, attended with difficult expectoration, naphthaline has been found very efficacious. It may be conveniently given in the form of lozenges, syrups, or mixed into a linctus with honey, conserve of hips, &c.—*Ibid.*

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Preparation of Extracts.—Mr. Scanlan drew the attention of the Pharmaceutical Society to the preparation of the green extracts, previously deprived of their albumen. He observed that, several years ago, in conjunction with his late partner, Mr. Hunt, of Dublin, he was in the habit of preparing annually large quantities of belladonna extract, which was cultivated in the ground attached to the factory. At first, there were constant complaints of the extract becoming mouldy, but, ever since the plan of separating the albumen was adopted, this extract, as well as that of henbane, kept without moulding for years. The mode of separating the albumen is this: you let the expressed juice of the plant operated upon stand till the chlorophylle has separated, then decant the clear liquor and heat it to about 140°, when the albumen coagulates, and is very readily separated by a strainer. The filtered liquor is now evaporated, and the chlorophylle stirred in as the extract thickens. Extracts prepared in this way are much smoother than if the albumen be suffered to remain, and will keep any length of time. The amount of the albumen is so small as compared to the whole extract, that it does not materially affect the strength of the preparation. It would be well if the framers of the Pharmacopœia would direct the chlorophylle also to be separated, as it, as well as the albumen, is inactive. In an accurate experiment Mr. Scanlan made upon the juice of conium, he found the coagulated albumen to be to the extract without the chlorophylle as 1 to 10, that is, a portion of juice freed completely from chlorophylle by filtration, coagulated by heat and filtered again, gave 1 part of albumen and 10 parts of extract; and two experiments from equal quantities of expressed juice, gave:

Extract free from albumen, but containing chlorophylle, 40.

Extract containing both, 47 : 100 :: 40 : 85, 15 per cent.—*Med. Times*, Aug. 1844.

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Extirpation of the Spleen.—Dr. Berthet communicated to the Academy of Medicine on the 9th of July, the case of a man who in a quarrel was wounded in the left hypochondrium. Eight days after, when Dr. B. was called to the patient, he found a large tumour formed by the spleen, which was gangrenous; he removed it, and by an appropriate treatment, cured his patient, who lived 13½ years after the accident. Digestion took place as usual, and the individual enjoyed good health. The man ultimately died of pneumonia; at the autopsy, the remains of the spleen were found to be no larger than a filbert, and were adherent to the stomach.—*Med. Times*, July 20.

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On the exclusion of Atmospheric Air in the treatment of certain local diseases. By Marshall Hall, M. D.—Some years ago I attended a fatal case of peritonitis. On a post-mortem examination I was struck with the florid-red appearance of those parts of the intestines which were contiguous and adherent to the abdominal parietes, and the perfectly pale condition of those other parts of the intestinal canal which were contiguous and adherent to each other. Both surfaces were equally covered with a layer of rather opaque and moderately consistent coagulable lymph. I could only account for

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the difference in the appearance of these two portions of the same intestine by supposing that one was affected by the absorption of oxygen from the atmospheric air, whilst from the other this gas was excluded.

It is usual in the Parisian hospitals to trust the treatment of pleuritis greatly to the application of cataplasms. I confess that when I first heard of this mode of treatment I thought it trifling. I have since considered that these cataplasms may entirely exclude the influence of the atmospheric air, and thus prove of real efficacy. But whatever may be the *rationale*, the fact remains as I have stated it, and where the treatment of pleuritis consists greatly in the application of mere cataplasms, a post-mortem in this disease is scarcely or not to be obtained, so generally do the patients recover.

I have now to add a fact from my own personal experience. I have recently seen the most satisfactory result, both in pleuritis and peritonitis, from the assiduous application of cataplasms of powdered linseed.

It is probably by the exclusion of the atmospheric air that other remedies for inflammatory diseases act; the various plasters, the nitrate of silver, even blisters, have this effect. I do not, however, mean to insinuate that they have no other. Cataplasms may further act by their warmth and moisture. The nitrate of silver possesses some extraordinary power over the actions which constitute or coincide with inflammation. But, certainly, mere adhesive plasters have an efficacy in cases of chronic chest affection, in lumbago, sciatica and other forms of rheumatism, in neuralgia and even of scirrhus, which cannot be easily explained.

One of my patients, a martyr to extensive sciatica, was desired to envelop the limb in adhesive plaster. He was a joiner, and an ingenious man. He prepared the common stocking material with glue, dissolved in the proportion of one ounce to two pints of water, and had it spread over, when dry, with galbanum plaster, and if this exuded it was dusted with flour. By the steady application of this plaster his severe rheumatism was cured.

I was once informed by a celebrated physician that he had prescribed adhesive plaster to be applied over a scirrhous tumour of the mamma. It remained adherent for years, and the disease remained stationary. The plaster then separated, and from that period the disease pursued its devastating progress.

Certain modes of the treatment of burns consist in excluding the influence of the atmospheric air.

Some affections of the face are remedied by applying a layer of gelatine. Isinglass is dissolved in water, and the solution is applied with a camel's-hair pencil, and allowed to dry. I have just witnessed some very remarkable effects of this mode of treatment, which I will communicate hereafter. —*Lancet*, July 20, 1844.

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Inhalation of Oxygen Gas an antidote to poisoning with carbonic acid.—An individual, in the course of some pharmaceutical experiments, inhaled a large quantity of carbonic acid. Removed into another chamber, he lay motionless, the eyes closed and the face a pale yellow, the cheeks, together with the lips, tongue and hands, were livid; the pupils were fixed and somewhat dilated; all the senses had entirely disappeared; the carotids beat violently; the action of the heart was frequent but weak, the pulse scarcely perceptible, and the breathing weak and irregular. The cold douche, bleeding and other means were unsuccesefully had recourse to. A quantity of oxygen gas was then prepared, and this he was made to inhale, to the extent of two quarts and a half. In about fifteen minutes he rallied, as if from a deep sleep, and recovery was progressive. The use of the oxygen gas is in this case sufficiently evident. We have seen the chlorate of potass, which contains a large amount of oxygen, administered under similar circumstances, with a most beneficial result. This case is recorded at length in the *Northern Journal of Medicine.*—*Ibid.*

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The Banat Fever in Hungary.—Temesvar is the most important town in the whole Banat,—the principal place of residence of the Servian nobility of the province, and the head quarters of the Banat fever. All along the road I had been told, "When you come to Temesvar you will see what the fever is. The people there creep about with pale faces, and almost every one you meet is an invalid." This account I found literally true. At the very entrance of the town I met a wagonful of these poor fever-sick people, who, I was told, were going outside the town to look for a certain herb, supposed to be more efficacious as a cure for the fever, than all the doctors' medicines. After driving through a long suburb and across a

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broad marshy glacis, I at length reached the inner kernel of the fortress, and stopped at a very excellent inn called "The Trumpeter," whence I went to pay a visit to an official personage, to whom I had a letter. His valet came to me with a slow heavy step, and a dejected look, and begged I would be so good as to call the following day, as his master had the fever, and was just then in a paroxysm in bed. I asked what was the matter with himself, that he seemed so cast down? "Ah, sir," he replied, "I've got the fever too." From this house I proceeded to another, where lived a lady, to whom I was charged, by some friends in Vienna, to pay my respects. "Oh, sir," said the waiting-maid, "my lady has had the fever these three years, and she is just now at her worst." Opinions are very various as to the cause of this distressing malady. By some it is ascribed to the fruit, especially to the watermelons; by others to the bad water; by others to the marshes, where arise that other plague to the country, the gnats. The latter opinion seems the most probable, when the position of the town is considered. It lies, notwithstanding its name, not on the Temes, but on the Vega, in the midst of the many marshes which the latter stream forms. In summer, the heat is suffocating, and for weeks together there is sometimes a perfect calm. An attempt has been made to remedy the evils by means of a canal, twenty German miles long, which serves not only to drain the country, but from Temesvar downwards is used for the purposes of navigation; but one canal is quite inadequate to meet the extent of the evil. The country must be intersected in every direction, like Holland or Egypt, before any good can be done. In this extremely hot summer the fever had been dreadful. The inner fortress of the town felt like a brake's oven, and the air was so close and sultry that a person coming in from the country could scarcely breathe in it. The great majority of the population had been attacked by the malady, and even those who were said to be free from it felt more or less unwell. Of the two thousand soldiers of the garrison, nine hundred were in the hospital in one week, and there they had to lie or stand, and get through the fever as well as they could. The garrison became at last so enfeebled that it was found impossible to get through the ordinary duty.—This Banat fever exhibits itself under forms as various as the gourds and melons that grow in the country. With some the attacks occur every day, with others every night. In some cases it appears as an intermittent fever, but the attacks return sometimes every second day, sometimes every third or fourth day, and these are said to be the severest cases. The symptoms also vary in almost every instance, some being attacked the very day they enter the city, others not till they have lived in it a considerable time. A journey to Pesth will often rid a man of his fever, but this rule is liable to exceptions, as there are persons who have left the country, and yet retained their fevers for years. During the first days of my stay at Temesvar, I could absolutely find nobody who was free from fever, so I resolved to employ some time in rambles about the city and environs. —*Kohl's Austria.*

Hippuric Acid in Human Urine.—Experiments made in the Laboratory at Giessen on the urine of many persons, have shown that hippuric acid is a constant constituent of normal human urine.

Sydenham Society.—We have just received the complete works of Sydenham, edited by Dr. Greenhill, published by this society. This, with the two volumes previously published, viz., Dr. Babington's translation of Hecker's "Epidemics of the Middle Ages," and Prof. Walshe's translation of "Louis on Phthisis," received about three months since, complete the works issued for the first year's subscription.

The first volume of the works of Paulus Ægineta, translated and edited by F. Adams, Esq., are announced to be already in press, and several others in forward state for the second year's subscription.

Wm. B. Carpenter, M. D., F. R. S., well known in this country by his admirable work on physiology, has been elected Fullerian Professor of Physiology to the Royal Institution of Great Britain.

Obituary.—Dr. John Hallam, well known by his practice and writings in connection with the treatment of Mental Diseases, died on the 20th of July, in the 81st year of his age.

Dr. Dalton, the celebrated chemist and founder of the Atomic Theory, died suddenly at Manchester on the 27th of July last, in the 78th year of his age.

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THE

MEDICAL NEWS

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VOL. II. OCTOBER, 1844. No. 22.

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CLINICS.

Clinical Lecture on Injuries and Diseases of the Spine. Delivered at St. George's Hospital. By Cæsar Hawkins, Esq.

In systematic courses of lectures on surgery, given during the winter session, the student is accustomed to hear the causes, and symptoms, and consequences, of disease clearly defined; and the treatment necessary for its cure or alleviation regularly stated; and well-marked cases are selected to illustrate the more common and important complaints, while rarer maladies are briefly alluded to, or altogether omitted, owing to the short period allotted to the course. In some cases of disease the student recognizes the same clearness when he begins to study them in the wards of the hospital; and he is at no loss to understand immediately the nature of the disease, and to follow the treatment which is employed; and he can test its inefficiency, perhaps, or its power over the malady, according to what he has heard from his instructors. But it is not always so: he soon finds that many diseases are extremely obscure, and that the symptoms, in different cases of the same disease, vary so much, as to require corresponding variety of treatment to a much greater degree than he had been led to suppose. He thus learns the difficulty and the importance of *diagnosis*, that is to say, of the distinctions between different kinds and varieties of disease, for which some persons' minds are much better constituted than others. You will thus find that you have, in any obscure case, to pass rapidly in review every disease which is at all likely to occur in any given organ or tissue; to lay aside, successively, the symptoms and appearances which are common to all, or to

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent Gratuitously *to all subscribers to the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on Number Twelve.*

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several of such diseases, and select only the more distinctive characters, till, finally, only such remain as can belong to one of these diseases, or at the most to two of them, between which you are left to choose; and you will find that much patient observation, and much practical experience, too, are required in some cases, especially in the more chronic disorders of any given part of the body. I think, then, that a clinical lecture is sometimes very usefully devoted to the rarer cases, and the more obscure and difficult circumstances, which it is not the province of the systematic lecturer to dwell upon.

Among the parts of the body the disorders of which are sometimes very intricate and difficult, is the spine; in the injuries and diseases of which part you are presented with many similar symptoms, both locally as well as from interruption of the functions of the spinal marrow, whether the disease be situated in the bones or ligaments, and other textures belonging to the spinal column, or in the spinal marrow itself, or in its membranes, such as inflammation, softening, new growths, and so on; or even, sometimes, when there is no disease of these parts at all, but the cause is actually seated in the head, and the spinal functions are only secondarily impaired. I propose, then, in the lecture of to-day, to pass briefly in review a few cases of injury, or the consequences of injury, of the spine.

1. The first case I will notice is one of injury to the spinal column, without any injury of the spinal marrow within; at least its functions are not in the least interfered with. It is that of John Campion, æt. 52, who was admitted April 15th, about ten minutes after he had been driving under an archway, and, in the act of stooping, his shoulders came in contact with the upper part of the arch, which bent him very considerably. When admitted, he was in a state of collapse, and could not support the weight of his body, although there was no paralysis of any part. I saw him about an hour afterwards, at which time he was still in a state of collapse, and the dorsal vertebræ, from about the sixth to the twelfth, were bent in a curved form backwards, and there was a deeper depression between the spinous processes of the seventh and eighth vertebræ than between any of the others, and there was a great effusion of blood about the injured part and among the long muscles of the back; there was, also, excessive pain and tenderness, which wholly prevented the patient's moving; and he had much pain across the lower part of the chest, and difficulty of breathing, which were, in part, owing to previous illness.

Here, then, was an accident which is frequently fatal, but in this case is not likely to be so, as the spinal marrow seems quite safe. What is the nature of the injury? The preparations on the table show you that the usual result of such an injury is a dislocation or fracture of the bodies of the vertebræ; and if you look to this preparation, from a patient of mine, who lived, I think, five months, so that the fracture is perfectly united, you will see that the body of the vertebræ is considerably shortened and crushed down, so that an abrupt angle is formed posteriorly by the spinous process, while a portion is driven into the spinal canal so as to lacerate the spinal marrow. In this patient, (Campion,) however, the curve was not an acute angle, but a segment of a circle, in which several of the vertebræ participated; it was such as you may witness in a case of common lateral curvature from weakness. The man, however, is positive that the back was straight before the accident.

Dislocation of the spine, without fracture, has been denied by some surgeons, and is generally considered very rare. I have seen it, however, several times, and there is no doubt of its occurrence. In this preparation you may see the intervertebral substance between two vertebræ quite torn up without fracture, though there was fracture of another bone in the same patient. It is, of course, most common in the neck; and you may here see a complete separation of the bodies of the fifth and sixth cervical vertebræ, from a patient of mine, in whom the bones were quite uninjured, unless there be a small portion of one articular process broken off, which appeared to have been done after death. The displacement was sufficient to injure the spinal marrow, although the posterior longitudinal ligament was not torn; and what was curious, in the same patient, who fell from a window upon his head, the sternum also was quite broken across, though the periosteum on the inside of the bone was not injured.

Now I was inclined, at first, to believe that, in our patient, there was a laceration of the interspinal ligament, allowing the

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spinous processes to separate, so that the finger could be pushed between them; that this laceration might extend through the ligamentum subflavum, but that it probably did not, as the effusion of blood was so great that, if it had done so, some blood would have been likely to enter the spinal canal, and press upon the spinal marrow. If you observe the effect of my changing the position of the articular processes of these two vertebræ, you will see that, if I displace both at once, the upper part of the spine sinks forward, so that the spinous processes do not project so much as they ought to do, if you look at their line laterally; and that, if I dislocate one joint only, the upper vertebræ must be twisted, so that the line of the upper spinous processes, viewed posteriorly, does not correspond with those of the lower ones. It was quite clear that one articular process was not dislocated, and I thought, also, that the line of the spinous processes was not altered as if both were displaced. Since the blood has been absorbed and dispersed, however, there is an appearance of the upper vertebræ having sunk forwards and downwards; and as I made extension of the spine, and pressed on them without altering the curve, and without feeling any crepitus, as of broken bone; I am induced, on the whole, to think it probable that the articular processes may have been thus separated, and dislocated, though certainly without much, if any, laceration of the intervertebral substance. The great curve of so many vertebræ may have arisen from the quantity of blood driven among the long muscles, and, therefore, as this dispersed, the curve has lessened; indeed, now it has nearly disappeared.

In the treatment of the case you will have observed that I directed him to be cupped to ten ounces on the day after the accident, as the pain was still excessive; and our notes tell us that on the 17th, the pain was lessened after the cupping, notwithstanding the jar of an old cough, with muco-purulent expectoration, and he was directed to lie on his back on a hard mattrass, with a small pillow for his head. On the 27th the depression still existed to a considerable degree, and is not yet gone (May 7). He can now turn pretty readily in bed, but is unable to support his weight; so that, if he sits up, he is obliged to bear the weight of the upper part of the body by resting his hands on the bed. Our notes also remark that there was, yesterday, some pain round the lower part of his chest, reaching to the spine. If there be laceration and displacement of the vertebræ from one another, we may expect that it will take some time to unite the ligaments again, and to guard against inflammation and its future consequences; and, on this account, I ordered him a blister, which we must repeat as often as pain requires it, or weakness remains likely to end in further mischief. With this caution, there seems to be no reason why he should not become strong again.

2. In the same ward with this man is another, who has a curious local paralysis, which affects one hand and one leg.

William Cooper, æt. 34, admitted February 14th, after he had been buried, with two other men, (who are now cured,) for three hours, by the falling in of a sewer, but not in such a way as to interfere with his breathing. On admission, he was perfectly sensible, but seemed much alarmed, and shook much from this cause. He complained of pain in the left side on inspiration, but appeared to have no fracture of the ribs or any other bone. The next day, he had had no sleep during the night, owing to pain and stiffness, and complained of numbness on the left side, which he attributed to his position under the gravel.

16th.—Less numbness of the side this morning; complains of a little giddiness; he has lost the power of flexing and extending the fingers of the left hand, and the power over the wrist-joint is gone also.

On the 17th, our notes say there is less numbness of the side, but he feels more pain in it, and now the right foot is found to be partially paralyzed in exactly the same way as the hand; the sensibility of both the hand and foot is also impaired, so that slight pressure is not felt, and harder pressure gives a sensation of pins pricking him; the bladder and rectum are unaffected. Pulse 72, weak; but he complained of more giddiness, with pain in the head confined to the back part. For this I had him cupped on the neck to six ounces; and on the next day the notes say the pain and giddiness were relieved.

On the 20th, a curious numbed sensation in the head was spoken of, but it has not been again noticed; the partial palsy, and lessened sensibility, however, remain nearly the same now (May 7th) as at that time.

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Now the question is, on what does the paralysis depend which has been the result of this accident? There has been no symptom, in the first place, making it likely that the head was injured; such partial palsy is a very rare circumstance in any case, and he has made no complaint referable to the brain except of the giddiness and a little pain, and the curious numbed feeling, before mentioned, which soon subsided; and the only remedy of any consequence was the small quantity of blood taken by cupping early in the case, which was done, in the uncertainty attending the injury, quite as much with reference to the spinal marrow as to the brain. Secondly, does the palsy depend on any injury of the spine? There has been, you will remember, no affection of the bladder or rectum, there is no palsy of the abdominal or thoracic muscles, there is no paraplegia, that is, no paralysis of both hands or both legs, or of all the extremities in greater or less degree, but only of the left wrist and the right foot; and such partial palsy is at least very rare after injury of the spine, though there is great irregularity at the commencement of any chronic disease of this part. Is there, then, any injury of the nerves in their course? This seems to be the feeling of the patient himself, for he says he remembers well his left wrist being doubled down, and kept there by pressure of the wood and gravel under which he was confined. Still, however, there has been no swelling like inflammation; and the pain at first was more complained of in the left side of the trunk of the body, where there is no palsy, than in the hand or foot. You may remember, however, my having more than once questioned him as to the possibility of his having been exposed to the influence of lead, for his hand drops, and has exactly the same appearance as in the partial palsy which is common in painters from the use of lead. A man was under my care, a year or so ago, with exactly the same palsy of one leg and one hand, though it usually affects the hands only; he came in for an injury of the knee, and the palsy being of only five weeks' duration, I was able to get him well. A similar paralysis arises also from other metals: I remember, for example, being myself instrumental in causing it in a woman who was ordered to have some arsenic and nitric acid applied to a large spot of lupus of several years' duration on the nates, which had resisted other remedies. The lupus was permanently cured by it, but besides the poisonous influence of the absorbed arsenic on the stomach, which subsided in a few days, there was a partial palsy and numbness of both hands and both feet, which continued in a less degree several years afterwards, when I last saw her, so that she could not work with her needle. How the metallic poison acts may be doubtful; it has been sought for in vain in the brain or spinal marrow, but has been said to have been found in the muscles; at all events it is absorbed into the circulation so as to produce the distant effects just described from external application, which is also evident from a fact, first observed by Dr. Burton, I believe, namely, that a blue line at the margin of the gums is found in those suffering from the effects of lead. Our patient has not such a line distinctly, but there are several blue spots which look suspicious: it does not appear, however, that he has had any thing to do with lead, nor that he has been, in any circumstances, likely to have exposed him to its influence; and he is positive that there was nothing the matter with him before the accident.

In this state of uncertainty, then, as to the cause of the palsy, I have been somewhat at a loss what to prescribe. I have used, you will observe, a splint for the hand, which is of service in the dropping from lead, and I have treated the case, as if local, by friction and blisters in the course of the nerves in each extremity, which have not done much good: he has used electricity, which, he thinks, strengthens the limbs a little, first with sparks, but the machine has been imperfectly used, and at present in the form of galvanism, and he is now beginning to take tincture of cantharides internally, which will do good in some cases of palsy. Should he not be benefited by this treatment I think I shall employ blisters to the spine, that is, to the source of the nerves, which are of great service when partial paralysis remains after injury of the spine.

The bad consequences of injuries to the spine are sometimes very slow in their progress, and last a length of time; so that attention must be paid to any complaint of remaining pain, and stiffness, and weakness, after such accidents, in order, by the proper use of cupping and rest, followed by blisters, or setons or issues, to prevent a fatal result. The more common of the

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consequences of falls, or blows or strains of the spine, are caries of the bones, or ulceration of the intervertebral substance; but there may also be a variety of new growths about the spine. A very curious and rare form of alteration of structure following injury has been lately under our notice, which is not destitute of interest.—*Lond. Med. Gaz.*, May, 1844.

[To be continued.]

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Public exhibitions of Mesmerism.—[The following sensible remarks on this subject are from the *Provincial Medical and Surgical Journal* of 31st July last.]

Mesmerism is either what its professors and disciples would have us believe it to be, a genuine subject for scientific inquiry, embracing the consideration of natural phenomena, a branch of physiology and the science of mind, and worthy of the study of all who are engaged in acquiring knowledge on the natural and moral history of man; or it is altogether a piece of impudent cajolery and designing charlatanism. On either of these suppositions, the proceedings which have hitherto taken place, and the investigations which have hitherto been carried on in relation to it, as far as they have come before the public, have neither received, nor, as we think, deserved our consideration.

If the whole subject, and, as far as the *public* exhibitions of it go, we must avow our conviction that it is so, be a struggle between the deceivers and the deceived, in part to draw profit from the exhibition and in part to involve their neighbours in the same maze of delusion with themselves, what concern have we, or can we have, as physiologists, in occupying ourselves with the exposure of it? No doubt the keen observer is right in exposing the fallacy and trickery of this or any other subject of popular delusion, as occasion serves or calls for, and we feel that to those who may have done so the public are much indebted; but this is no reason why the members of the medical profession, as such, should, in a spirit of medical or physiological quixotism, devote themselves to run a tilt with every fresh assailant, who, led by the desire of touching a few of honest John Bull's broad pieces, ever at the service, by the way, of those who will draw with sufficient face and freedom upon his credulity, or by other motives, may raise once and again the oft-battered-down ensigns of charlatanism.

The spirit in which the claims of mesmerism to consideration have been hitherto made known, has not been that in which a subject of scientific inquiry should be proposed; the methods in which its doctrines have been unfolded have not hitherto partaken of the usual calm and philosophic tone of scientific discussion, and the manner in which its so-called facts have been investigated, has been altogether unlike that in which scientific truth should be inquired into. As physiologists, then, we have nothing to do with these public exhibitions, in which the exhibitor of the phenomena, the actors therein and the spectators are involved in a confused scramble of diverse partisanship,—a struggle of designing cunning, as it is presumed, and trained deception on the one part, and a mixture of credulity, scepticism, acuteness and suspicion on the other. This may be very amusing and very edifying, and the abrupt and run-away termination of the fracas, may form an appropriate conclusion of the farce; but it does no more than defeat the individual; it proves merely the negative of that particular exhibition, and if there be any truth in the phenomena of mesmerism, of whatever explanation these may admit, and it is only on such a supposition that the man of science can be called upon to investigate it at all, this mode of proceeding is, as we have said, any thing but satisfactory.

Certain phenomena profess to be of a scientific nature. Reject them as impostures, delusions or otherwise, if you please; but on the other hand, if you call upon scientific men—upon physiologists, to make inquiry into them, and to investigate the subject, let the inquiry be made and the investigation be carried on in a calm and rational manner, divested of all this public parade and endeavour at public exposure. If the phenomena amount to any thing at all, they will not be at the sole disposal of a few, and if they are either to be established or satisfactorily and permanently refuted, their nature really ascertained, their relationship with other parts of physiology to be inquired into, or the whole subject to be shown to be deceptive and false, it is from researches carried on in the closet and in private, not in public and in the lecture room and theatre, that the truth will come out clear and indisputable.

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MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Regulation of the Practice of Medicine in Ohio.—At the late annual meeting of the Medical Convention of Ohio, a resolution was adopted for the presentation of a memorial to the next general assembly of the legislature of the State, praying for the passage of a law regulating the practice of medicine and surgery.

Sickness in the West.—Missouri, the upper Mississippi, and all the sections of Illinois, are said to be extremely sickly the present season.

Postage on Periodical Publications.—We are gratified to find that the remarks on this subject made in the supplement to our May No., have been copied and approved by nearly all the Medical Journals in the country. We trust that the subject will not be lost sight of, but that every medical man will exert his influence with the representative of his district in Congress, to induce that body to reduce the postage on all Medical, Scientific and Agricultural Journals to the same rate as Newspapers.

FOREIGN INTELLIGENCE.

Diabetes Melitus.—MM. Mialhe et Contous communicated to the French Academy of Sciences, on the 8th July last, a case of diabetes melitus successfully treated by alkalies and sudorifics. The alkalies used were the bicarbonate of soda and the calcined magnesia.—*Comptes Rendus*, July, 1844.

Effects of Antimony on Infants.—Mr. Wilton, in the *Prov. Med. and Surg. Journ.*, gives the details of several cases, in which antimony exhibited internally to children, caused excessive depression and exhaustion, and in two cases, a fatal termination. The principal post-mortem appearance was an exceedingly exsanguineous condition of every part of the body. Mr. Wilton observes that antimony is a dangerous remedy for children, and always requires caution and observation in its use.—*Med. Times.*

Ovariotomy.—Dr. F. Bird has placed on record another successful case of this operation. His patient was a young lady of very irritable temperament, who had suffered from the disease for three years. Some degree of local peritonitis supervened after the removal of the tumour, but was removed by increasing the temperature of the room, so as to cause considerable diaphoresis, and by the exhibition of opiates. The weight of the tumour was twenty-nine pounds; it appeared to have its origin in a single Graafian vesicle, and the greater part of the ovary did not present any very material change, except increased density. It contained a large number of secondary cysts.—*Ibid.*

Singular case of Empyema.—M. Krause, of Dantzic, describes the case of a boy, eight years of age, who was much emaciated and presented some symptoms of phthisis, the suspicion of which, however, was abated, by finding no difference either in the circumference or movements of the chest. He had a swelling under Poupart's ligament, which presented the appearance of a lumbar abscess, was opened, and a pound of good pus evacuated. The boy died in the course of a few days, and when the body was opened, the case was discovered to be one of empyema on the left side, which communicated by a narrow sinus, through an opening in the diaphragm, along the left lumbar vertebræ, with the abscess in the groin. The lung was tuberculous and contained a large vomica.—*Ibid.*

Management of Idiots.—M. Ed. Seguin has just written a work, in which he makes the following important remarks:—

By gymnastic exercises, properly and suitably regulated, the muscular system is strengthened; by mechanical excitation the voluntary muscles of the limbs, the trunk and face, are exercised; by the dumb bells and the balancing pole both halves of the body are regulated in their forces, which creates an uprightness in standing, walking, &c.; by the exercise of the senses, the subject is placed in precise and rapid communication with himself and the external world; he is disposed to intellectual life by the study of notions, and notions lead to reconnected ideas; by talking, by reading and writing, he is made to enter upon abstract questions, when numbers and morals give him the feeling of relations which he should establish with his equals. Many children,

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abandoned as idiots, may be thus far conducted; but, no doubt, a certain number of them can never go beyond the limits which separate notions from ideas, or connected from abstract ideas. There is still a small number in whom education can only modify the most repulsive habits, especially those in whom idiocy is complicated with epilepsy, paralysis, rachitis, &c. For the same reason that there are incurable diseases, we must also recognize cases of idiocy resisting almost all possible means of education. But that is no reason for abandoning, without exception, all idiots to the deplorable state in which we find them. The time is come to do something for these poor creatures analogous to that which is practised in the numerous schools for the deaf and dumb.

These are sound principles, and experience has proved that they may be successfully put in practice. It is very desirable that they should be carried out upon a large scale, and meet with approbation and support from the general public.—*Prov. Med. Jr.* July 24, from *Gazette Médicale de Paris.*

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Cancer.—The treatment of this disease is null at the present period. Surgeons operate; and when patients refuse to submit to the operation, they tell them there is nothing else for it. However, all agree that the operation does not cure; it does not even prolong life. Subjoined is the proof:—

From a return addressed to the Academy of Sciences, by M. Leroy d'Etoilles, it appears that out of 1192 patients who had not been cut, 18 lived more than thirty years from the commencement of the disease; while of 801 who had been operated upon, 4 only were living after the same lapse of time.

There survived from twenty to thirty years after the development of the disease, 18 operated, 34 not operated; from six to twenty years, 88 operated, and 228 who had not undergone any operation.—*Tanchou, in Comptes Rendus, L. Med. Gaz.*, June, 1844.

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Adhesive Plaster.—M. Schaenfeele has proposed the following plaster to be used instead of sparadrap: two hundred grammes of colophane, two hundred grammes of resin, two hundred grammes of gum ammoniacum, ten grammes of sagapenum; ten grammes of galbanum, sixty grammes of turpentine, sixty grammes of simple plaster, and two hundred grammes of yellow wax. It is important not to melt these substances at too intense heat, to give time for the melting the gum-resins, to employ a cloth with large meshes to spread the plaster on, to warm the knife but slightly, to calender the cloth by two pieces at a time, and to spread the plaster on the sides not rubbed by the cylinders of the calender. Four or five layers are sufficient. Sparadrap prepared according to this formula keeps for a long time supple, brilliant and adhesive. M. Schaenffele practises in the midst of a hard-working population, where the utility of good sparadrap is often experienced. That which he recommends has always been found to be of excellent quality.—*Med. Times*, Sept., 1844, from *Bouchardat's Annuaire.*

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Cloth for Adhesive Plaster.—The choice of the cloth is a very important thing in the preparation of sparadrap. Some pharmaciens, with a view of obtaining a product which may be pleasing to the eye, choose either a very fine and close linen, or else very fine, smooth and dressed calico. This is a great mistake. It is of the utmost importance to select a piece of unbleached calico, which has not undergone any preparation, is very strong, and is covered with a very apparent and full down. The down is of great service in retaining the plaster, and preventing it breaking off in scales,—a very annoying occurrence when a dressing of importance is practised.—*Ibid.*

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Researches on the effects of different kinds of food on Cows.—M. Boussingault presented to the Academy of Sciences on the 19th August last a memoir, containing an account of his researches on the effects of food of different kinds on cows. From these researches he concludes that beet-root and potatoes do not contain sufficient food for milch cows, even when given *ad libitum*: that the element may, for several reasons, be inadequate to the wants of the animal:—1° when it does not contain enough azotized principles to replace those eliminated; 2° if the carbon is not in sufficient quantity to supply that burnt during respiration, or excreted; 3° if the proportion of the different salts, especially phosphates, are insufficient to supply the losses sustained by the system; 4°, finally, according to opinions lately announced, if it does not contain the

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quantity of fatty principles which escape in the different secretions, and especially in the milk. This admitted, the author then analyzed the substances employed in the preceding experiments, and found that, though they all contained the elements (sugar, starch, azotized principles, salts) necessary for the production of animal heat, and the reparation of the losses caused by the secretions, yet two—beet-root and potatoes—were really inadequate to the wants of the animal, and it is these which do not contain a sufficient quantity of fatty principles. Consequently, it may be affirmed, that the food of the herbivorse ought always to contain a certain proportion of substances analogous to fat, in order to form that contained in the tissues and in the secretions, which present a notable proportion, such as: bile, milk, &c.; —and that, if the alimentation is insufficient, this principle is furnished by the fat contained in the tissues, and the quantity of milk gradually decreases; if the diet be persisted in, the existence of the animal may be compromised.—*Med. Times*, 31 Aug., 1844.

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Asbestos in Dental Practice.—A correspondent of the *Forceps* says that the use of asbestos in those cases of caries where the cavity of the tooth so nearly approaches the nerve, as to render it sensitive to the application of the instrument, and liable, therefore, to be affected by the transmission of caloric through the dental stopping, might probably be advantageously extended. It is important that the material employed should be as indestructible in the tooth as the gold with which it is to be covered; that it should not be liable to absorption through the medium of the vessels of the bony structure of the tooth; and that it should be as nearly an absolute non-conductor of heat as possible. Filamentous asbestos, which very much resembles floss silk, or very fine cotton, possesses these several indispensable requisites in an eminent degree. There are various qualities of asbestos; that, however, which is used to prevent the transmission through the metallic stopping, to the barely protected nerve beneath, of the two sensations arising from the action of heat and cold, should be very fine in its filaments, delicately pure and white, and scarcely distinguishable from the best kinds of untwisted silk. Previously to its application, the cavity should be well cleansed and dried, as in ordinary cases of caries. A sufficient quantity of the mineral to fill about one-sixth of the space of the cavity, when well compacted beneath the gold, made very soft and pliable, should then be placed upon the parts adjacent to the nerve, and the operation finished by the introduction of the metallic stopping in the usual manner.—*Ibid.*

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Incontinence of Urine.—M. Chabrely recommends the use of the balsams in this troublesome affection. Here are a couple of his prescriptions:—

℞ Styrax balsam, 6 grammes; Peruvian balsam, 6 grammes; Honey, 90 grammes; Powder of gum arabic q. s. to make an electuary, of which a teaspoonful is to be taken night and morning.

℞ Styrax balsam, 6 grammes; Balsam of Tolu, 8 grammes. M. and divide into pills of 30 centigrammes (5 grains,) which are to be silvered over and rolled in lycipodium powder. From four to eight of the pills to be taken daily.

The patient is at the same time to make use of tar water by way of tisan.—*Lond. Med. Gaz.*, June.

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Importance of Chemistry.—Formerly the chemist went to the soap-boiler, to the tanner, to the manufacturer and artisan, whereas at present the soap-boiler, the tanner, the manufacturer and artisan frequent our universities; because they know that it is science alone which can furnish them with the master-key, the magic spell, the "open sesame," to unlock all the mysteries of their pursuits. Just as at the present day the influence which the application of chemistry will exercise upon the solution of physiological and pathological emblems, is by many physicians considered worthy only of ridicule, so formerly were the advantages derived from chemistry to arts, manufactures, trades and agriculture, when first indicated, only laughed at by those who were pleased to call themselves *practical men*.—*Liebig*, in *Lancet* of June 29th.

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To Readers and Correspondents.—The Lectures of Prof. Watson will be completed in our No. for December next; and in the No. for January, will be commenced the publication of the very valuable Lecture on Surgery by Benjamin Brodie.

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THE

MEDICAL NEWS

AND

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VOL. II. NOVEMBER, 1844. No. 23.

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CLINICS.

PENNSYLVANIA HOSPITAL.

Surgical Wards.

Service of Dr. PEACE.

Cases treated in Surgical Wards of Pennsylvania Hospital since July 23, 1844.

Amaurosis, 2; burn, 4, (died, 1); compression of brain, 1; concussion of brain, 4, (died, 1); contusions, 11; dislocations of femur or dorsum ilii, 1; dislocation of humerus—downwards, 1; dislocation of sternal extrem. clavicle, 1; exostosis, 1; fracture of ribs, 1; fracture of ribs with rupture of aorta, 1, (died, 1); fracture of neck of humerus, 2; fracture of internal condyle of humerus, 1; fracture of shaft of humerus, 1; fracture of fore arm, 1; fracture of radius, 2; fracture of fingers, 1; fracture of femur, 2; fracture of leg, 5; fracture of tibia, 1; fracture of fibula, 2; fracture of scapula, 2; compound fracture of arm, 4, (died, 1*); compound fracture of hand, 2; compound fracture of femur, 1, (died, 1†); compound fracture of leg, 2; compound fracture of foot, 2; compound fracture of both legs, 2, (died, 2†); compound fracture of both feet, 1, (died, 1‡); compound fracture of both thighs, 1; (died, 1*); furunculus, 1; hernia—strangulated—femoral, 1; hæmorrhoids, 1; hydrocele, 1; inflammation of face, 1; inflammation of bladder, 1; inflammation of knee-joint, 3; inflammation of leg, 1; injuries from blast, 1; paraphymosis, 1; orchitis, 6; staphyloma, 1; stricture of urethra, 1; sprain, 1; syphilis, 4; scald, 4, (died, 3); tinea capitis,

*Died from the shock of the injury, without reaction.

† A rail-road accident; died soon after amputation of the limb.

‡ Died from tetanus, fourteen days after the accident occurred.

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent GRATUITOUSLY *to all subscribers to the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on Number Twelve.*

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1; tumours, 4; ulcers, 8; ulcer of cornea, 2; opacity of cornea, 2; varicocele, 1; enlargement of prostate, 2; wounds—incised of scalp, 2; wounds—incised of other parts, 10; wounds—lacerated, 4; wounds—contused, 9; wounds—punctured, 2; wounds—gunshot, 7, (died, 1); Total, 146. Died 14.

Amputations of leg, 3, (died, 1*); amputation at knee, 1; amputations of fore arm, 2; amputations partial of foot, 3; amputation of femur, 1†.—Total, 10.

Dr. E. Wallace, who had charge of the surgical wards at the time, informs me that the circumstances attending the case in which the aorta was ruptured, were these:

A man of middle age, large and muscular, while working on the third story of a house about 35 feet from the ground, was precipitated to the ground in consequence of the scaffolding breaking down upon which he was standing. He was partially stunned by the fall, but when brought into the hospital, soon after, he was perfectly sensible. It was discovered that several of the ribs of the left side were broken, and also the sternum; his breathing was very laborious, and accompanied with a loud gurgling sound; pulse rapid and small, while the action of the heart was forcible and tumultuous. He lived four and a half hours.

The post-mortem examination revealed the following appearances:

The fourth, fifth, sixth, seventh and eighth ribs were fractured on the left side, near the spine; the cartilages of the second and fourth ribs were separated from the sternum; and the sternum itself was fractured opposite its junction with the fourth rib. There was a small lacerated wound of the lower lobe of the left lung, caused by the pressure of the extremity of one of the broken ribs upon this point;—the convex surface of the left lobe of the liver, also, was marked by several superficial erosions, owing, probably, to the action of the same cause. The mediastinæ were filled with large and exceedingly firm coagula of blood, particularly about the root of the lungs, and the origin of the great vessels: the mediastinæ were not wounded, and the pleural cavities contained no blood. The heart was rather larger than natural; valves healthy. The aorta was small, and on its internal surface two or three small whitish spots were visible, the commencement probably of osseous transformation. About half an inch beyond the point at which the subclavian artery of the left side arose, the aorta was torn more than two-thirds across, leaving the two fragments of the vessel connected together by a mere shred. The other viscera presented nothing attracting particular attention.

* A rail-road accident; died soon after amputation of the limb.

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Medical Wards.

Service of Dr. Stewardson.

Ascites, 4; amenorrhœa, 4; asthma, 2; bronchitis, chronic, 2; bronchitis, acute, 3; cephalalgia, 3; delirium tremens, 6; diarrhœa, 2; dysentery, 6; dyspepsia, 2; enteritis, 2, (died, 1); fever, intermittent, 12; fever, remittent, 18, (died, 1); fever, typhoid, 12, (died, 2); gastralgia, 2; glossitis, chronic, 1; gastro duodenitis, 1; hæmaturia, 1; hemiplegia, 1; laryngitis, 2; leucorrhœa, 2; mania à potu, 5; meningitis, 3, (died, 2); metritis, chronic, 1; neuralgia, 1; pharyngitis, 1; pleurisy, acute, 1; pleurisy, chronic, 2; pleurodynia, 1; pneumonia, 1; phthisis, 1; rheumatism, acute, 3; rheumatism, chronic, 4; salivation, 1; tracheitis, 1. Total, 114. Deaths 6.

The deaths from typhoid fever were two. The first occurred in an individual who had recovered entirely from the symptoms of fever, but was carried off in the fourth week of his illness by an attack of subacute meningitis, which supervened upon the first affection. We were not permitted to make an examination of the body.

The history of the other case is as follows:—The patient, a coloured man, aged 24, was seized with a chill on the 8th of the present month; at the same time a very profuse diarrhœa came on, acccompanied with pain in the back and great loss of strength. He was delirious at night, but does not remember to have been troubled with headache, or to have had epistaxis. He came to us on the 14th; suffering with some loss of strength, headache, want of appetite, and general febrile action. His intellect was slow, but seemed to be sufficiently clear; at night he was delirious; heat of skin; tongue dry and red; no vomiting—bowels had not been moved for twenty-four hours previous to his coming into the ward, but he was purged severely, and for several days, by ℥j ½ of castor oil, which was given to him on the evening of his admission. The case appeared to be one of mild typhoid fever, and we presumed that he would recover. But on the 19th, while the nurse was absent

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from the ward for a few minutes, he left his bed and crossed the room to the water closet, and in returning to his bed fell upon the floor. He was taken up almost immediately and carried to his bed, but expired in a very few minutes, uttering only a groan. Half an hour before his death he had mentioned to some one in the room that he was getting well. Thinking that he might have passed a large quantity of blood per anum, the vessel which he had just been using was examined, but it contained no blood.

An autopsy was made fifteen hours after death. The brain was perfectly healthy; neither blood nor serum had been poured out upon its surface nor in its structure. Nor were any marks of contusion visible about the head. The thoracic viscera were healthy. The heart was of good consistence, but the blood which it contained was perfectly fluid, not a coagulum to be seen. The lesions usually met with in well-marked cases of typhoid fever existed in a high degree of perfection in this instance, in the small intestines and spleen; there was no perforation of the intestines, nor did the ulcerations, which were large and numerous, in any point extend deeper than the muscular coat. The mucous membrane of the stomach was not softened nor thinned. We found no lesion to account for the sudden death.

—

Lying-in Wards.

Service of Drs. Hodge and Meigs.

Since April last, five cases of Puerperal Fever have occurred in the Lying-in Wards.

For the account of the first three cases, I am indebted to my colleague, Dr. Logan, under whose charge they were during the service of Dr. Hodge.

Case I. J. W., a large and vigorous Irish woman, was delivered of her third child, on the 3d of April, after an easy and rapid labour. After delivery nothing untoward was observed, excepting that she appeared to be restless and disposed to hysterical attacks, until the night of the 5th April, when she had a very slight chill. 6th. Pulse 100, but soft; skin hot and moist; tongue furred; the abdomen moderately full, and resonant upon percussion; the uterus large and flaccid; she experienced slight pain in the left iliac region, constant but not increased by pressure on the part, nor by motion of the body or limbs. She was restless, and the mind was confused and wandering; breasts flaccid.

℥x of blood were taken from the arm; a hot poultice was placed over the abdomen, with directions that it should be renewed frequently, and she was briskly purged.

For several days her symptoms underwent little change; the pulse continued rapid and feeble; skin moist; abdomen soft and entirely free from pain; the uterus even could be moved about from side to side, with firm pressure, without producing any complaint; breasts flaccid; suppression of lochia; mind wandering. On the 6th day, her countenance became sunken; lips and cheeks dusky; respiration laboured and frequent; pulse 128 and feeble; slight cough, without expectoration, with the physical signs of commencing pleuro-pneumonia of the right side of chest. She became more and more prostrated, and died on the morning of the 9th day.

Small portions of calomel, with Dover's powders, had been employed for several days, without any good effect.

Autopsy, 12 hours after death.

The peritoneum lining the abdominal cavity coated with a delicate layer of lymph, beneath which a bright red fine injection of the serous membrane existed;—convolutions of intestines adherent to each other; in the fossæ by the sides of the spinal column was a large quantity of serum rendered thick and turbid by the admixture of concrete pus and flocculi of lymph; the same sort of effusion existed in the pelvis. Small deposits of pus had taken place in the structure of the broad ligaments, from their connection with the uterus to the ovaries, and in the latter organs also. The smaller veins which ramified between the folds of the broad ligaments were filled with pus, but the large vessels were entirely free from it. The uterus itself appeared healthy, but here and there beneath its serous covering small deposits of pus had been formed. The kidneys and spleen were healthy; liver of a brownish fawn colour both internally and on its exterior surface; its consistence also was somewhat diminished. The right pleural cavity contained a few ounces of turbid serum, and the opposed serous surfaces were adherent by the medium of soft, recent lymph. The middle lobe of the right lung appeared to be in the first stage of inflammation. In both lungs the bronchial tubes contained a con-

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siderable quantity of inspissated mucus; both lungs were more or less congested.

Case II. M. J. delivered of her second child on the 2d April. Labour easy. Soon after delivery, ℥xij. of blood were taken from her arm to relieve some cerebral symptoms, and on the next day, as these were not entirely removed, twelve leeches were directed to each temple, and a dose of oil was administered. She continued pretty well until the 30th April, when she experienced a chill, followed by intense pain in the iliac regions; pain aggravated by pressure, or by any motion of the body or limbs. Tongue furred and moist; pulse tense, 116. Respiration accelerated, face flushed, headache, &c. The lochia and milk continued as before.

℥xx blood were taken from the arm, which caused an approach of syncope; hot fomentations were ordered to be applied to the abdomen, and she was directed the following:

℞. Hydrarg. chlor. mit., gr. x.; pulv. opii., gr. ss.; pulv. ipecac., gr. ss.

The skin continued soft and relaxed after the bleeding, and the pulse became less tense and resisting; the pain in the region of the ovaries was but little alleviated. Three hours after the above powder was taken, the patient was ordered ℥ss. castor oil, which soon afterwards produced several plentiful alvine discharges.

31st May.—Pulse 116, soft, skin moist and of a pleasant temperature; tongue furred; pain continues in iliac fossæ. Forty leeches were applied over the lower part of the abmen, and the following pill was ordered:

℞. Hydrarg. chlor. mit., gr. ij.; p. ipecac. et opii., gr. iij. mft. pill, q. h. t. sum.

In the course of the day the pain entirely disappeared, a profuse warm perspiration broke out over the skin, and the patient was declared perfectly convalescent on the fourth day.

Case III. A German woman of good health and strong constitution, was delivered of her second child on the 20th May, after a very easy labour: symptoms favourable until the 22d, when, without any previous chill, she began to complain of pain in the back and abdomen; the pulse was 128, soft and full; respiration accelerated and sighing; skin hot and moist; headache; tongue furred. The uterus was soft, its fundus extending above the umbilicus and painful on pressure. The lochia abundant and fœtid; breasts soft, and containing no milk.

V. S. ad. ℥xij., hot fomentations over the abdomen; gr. x. calomel with gr. i. opium. Tepid water was thrown into the uterus, by which some coagulated blood was washed away.

Until the 24th, on which day she died, her pulse continued rapid and feeble; skin became cool and clammy; tongue dry; abdomen distended; respiration more and more hurried, and vomiting and delirium gradually came on.

On the 23d, a blister was placed over the uterine tumour, and small portions of calomel, with Dover's powder, were resorted to.

The post-mortem appearances were very much the same as in the first case. Large quantities of lymph were effused on the peritoneal surfaces of the diaphragm and liver; the latter presented a similar colour to that offered in the first case, but rather less marked, nor was its consistence so much diminished. The body of the uterus was considerably softened, and pus was infiltrated throughout its tissue, particularly opposite the broad ligaments. The veins of the uterus and broad ligaments contained no pus, nor was any found in the femoral or iliac vessels. The lining membrane of the uterus was also softened.

The fourth and fifth case bear more resemblance to the second. The symptoms were more open and inflammatory. In one the invasion of the affection was marked by a chill. In both cases the uterus was at first exceedingly hard, but became relaxed after a day or two; the lochia and the secretion of milk were more or less completely suspended in both, and in both the pain which was at first excessive was confined to the right ovarium.

The treatment pursued was the same, viz: a full bleeding, within an hour or two after the chill, in one amounting to ℥xx., at first, and an additional abstraction of ℥viij., two hours after. In the second case, a single bleeding of ℥xxvj.; a purgative dose of calomel with one grain of opium, followed in one by oil, and in the other by the compound infusion of senna, with a teaspoonful of spiced rhubarb; hot emollient fomentations renewed every three hours, and occasionally an anodyne enema. It was also found expedient to give an enema of assafœtida to allay the nervous condition which occurred from time to time in both cases. Under this treatment, one of the patients recovered in five or six days; the other is convalescing more slowly.

F. W. SARGENT, M. D.,
Resident Physician.

October 20, 1844.

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SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Quackery.—The amount of quack advertisements in the papers of the day, indicate the enormous appetite of the people for empiricism. In one paper of twenty columns, I counted recently *eleven* filled with such advertisements. And the evil has of late years largely increased. Formerly you would see but a few secret nostrums advertised year after year, such as Anderson's Cough Drops and Moore's Essence of Life. But now there are new medicines constantly appearing in rapid succession, and going quickly through their several stages of rise, acmé, and decline. Adventurers in this broad field of imposition spring up in abundance, and some are from our own ranks, which they have deserted, with the hope of making a fortune in a day, instead of plodding along through life in the poorly-compensated but noble duties of the true votary of medical science.

And quackery is far from being confined to the unlearned and ill-informed. Men of respectability and acknowledged good sense in other matters—men who would be sure to get the best legal advice, and to sit under the ministrations of a regularly-educated clergyman—are not only willing to take quack medicines, but they imbibe some of the wildest notions of the day, and employ the most ignorant empirics, and degrade the educated physician down to a level with them in their estimate of his professional character. The lawyer himself, though he sees his own profession hemmed in by the strict limits of a prescribed education, and by a formidable array of antiquated technicalities, thus opposing to the intrusion of quackery a firm though time-worn and moss-covered wall, that it cannot scale—even he is often seen encouraging in our profession empiricism of the grossest kind, and perhaps cheers on and assists an ignorant populace in pulling down our modern wall, which has been so recently built that its uniting cement is yet hardly dry. The legislator, too, appointed by the people as the protector of all those barriers which have been erected to guard them at every point against the evils of irresponsible ignorance and secret imposture, though faithful to his trust in relation to all other interests, and instinctively shrinking from jeopardizing them by the withdrawal of the defences of the law, batters down, with ruthless hand, the barriers which protect the health and life of his fellow-citizens, and sends in through the breach the whole motley herd of illiterate and reckless quacks. And the clergyman, who deplores gross theological errors that come from irregularity and forsaking of the old paths, and is of the straitest orthodoxy in excluding quackery from his own profession, is often seen foremost in the ranks of the patrons of medical empiricism. Though he may strain at a gnat in guarding against theological quackery, when he comes to medicine, verily he is ready to swallow a camel.

And here we cannot forbear saying, that clergymen, above all men, should not be found among those who favour empiricism. For the most part they receive the gratuitous attendance of the physician, which is most cheerfully given to a class who labour so arduously, and for so small a compensation, as they ordinarily do, for the good of their fellow-men. And yet many of them often bestow the weight of their powerful and extensive influence on the encouragement of systems of quackery and patent nostrums. Some of the chief supporters of Homœopathy, and other kindred delusions, are distinguished clergymen.

Though quackery is more rife in medicine than in theology, it has of late years made some very serious inroads upon the clerical profession. Irregular and irresponsible evangelists and their measures, bear the same relation to the established ministry, labouring in their appointed way steadily from year to year, that wandering empirics and their nostrums do to educated physicians and their modes of practice. The same pleas are made for the one as for the other. It is said that the evangelist and his measures do good; and the same is as truly said of the quack and his medicines. And the same can be said, too, of the evil results in the two cases; viz., that they vastly overbalance the good that is done.

It would be interesting to follow out the parallel, and show the similarity, in many points, in the results of quackery in religion and in medicine. But my limits will allow me to allude to only one of these points. As the votary of medical empiricism loses all rational confidence in educated skill, and is continually running from medicine to medicine, and from system to system, so he that imbibes the principles of quackery in religion acquires a distaste for the regular ministrations of the Gospel, and is ready to

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adopt every new notion or measure that can feed his desire for excitement and novelty. An unsettled and ever-varying state of things is the legitimate result in the one case as well as in the other. And now that the clerical is suffering similar tribulation with that which has always burdened the medical profession, we shall hope to have some sympathy from that quarter—sympathy which will prompt the clergy to apply the same principles to medical that they do to theological quackery, and to eschew the former as decidedly as they do the latter.—Dr. WORTHINGTON HOOKER'S *Dissertation, read at the annual meeting of the Connecticut Medical Society.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Important Medical Convention.—During the past week, a Convention of the Medical Superintendents and Physicians of Insane Hospitals, has been sitting at Jones' Hotel, in the city of Philadelphia. The following gentlemen, representing the different institutions to which they are attached, were present, and participated in the proceedings of the Convention, viz: Dr. RAY, of the Mainè Insane Hospital, at Augusta. Dr. BELL, of the McLean Asylum, near Boston. Dr. WOODWARD, of the Massachusetts State Lunatic Hospital, at Worcester. Dr. CUTTER, of a Private Institution at Pepperell. Dr. BUTLER, of the Connecticut Retreat, at Hartford. Dr. STEDMAN, of the Boston Lunatic Asylum. Dr. BRIGHAM, of the New York State Lunatic Hospital, at Utica. Dr. EARLE, of the Bloomingdale Asylum, N. Y. Dr. WHITE, of the Hudson Lunatic Asylum. Dr. KIRKBRIDE, of the Pennsylvania Hospital for the Insane, at Philadelphia. Dr. AWL, of the Ohio Lunatic Asylum, at Columbus. Dr. STRIBLING, of the Western Asylum of Virginia, at Staunton, and Dr. GALT, of the Eastern Asylum of Virginia, at Williamsburg.

This highly respectable body having organized by the appointment of Dr. SAMUEL B. WOODWARD, of Worcester, as President, Dr. SAMUEL WHITE, of Hudson, as Vice President, and Dr. THOMAS S. KIRKBRIDE, of Philadelphia, as Secretary and Treasurer, proceeded to the discussion of a great variety of topics of the deepest interest to the profession and the community: Among which we may mention the causes and prevention of insanity—the medical and moral treatment of the insane—the construction and organization of insane hospitals—asylums for idiots and the demented—comparative advantages of treatment in public and private practice—on the use and disuse of restraining apparatus—on the jurisprudence and statistics of insanity—asylums for coloured persons, and on the best provision for insane prisoners; all of which were referred to appropriate committees, with instructions to report at the next meeting of the association.

Previous to their adjournment, this convention adopted the title of "The Association of Medical Superintendents of American Institutions for the Insane," and resolved that the Medical Superintendents of the various incorporated or other legally constituted institutions for the Insane, now existing in the United States, or which may be commenced prior to the next meeting, be elected members of the association.

The association adjourned to meet in the city of Washington, on the second Monday in May, 1846.

The proceedings of this body will be looked for with much interest, and we are confident will be productive of great good in the advancement of an important, and heretofore too much neglected branch of the profession.

—

Fiske Fund Prize Questions.—The Trustees of the Fiske Fund, in Rhode Island, propose the following questions for 1844-5: 1st. "The best mode of treating, and the best apparatus for the management of fractures of the thigh." 2d. "The character, causes and best treatment of bronchitis." For the best dissertation on each of these questions, a sum of fifty dollars will be awarded. Dissertations to be sent previous to May 10, 1845, to Dr. L. L. Miller, *Providence*, Dr. T. C. Dunn, *Newport*, or Dr. J. Holmes, *Bristol.*

—

Boylston Prize Questions.—The questions for 1845 are: 1. "Is puerperal fever ever contagious, and has it any connection with epidemic erysipelas in its origin or mode of propagation? 2. The influence of climate on longevity."—Dissertations to be sent, post paid, to Dr. J. C. Warren, Boston, before the first Wednesday in April, 1845. The

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following questions are proposed for 1846: 1. "The use of water for the prevention and cure of disease. 2. The nature and treatment of diseases of the rectum."

The author of the best dissertation on one of the above questions will be entitled to a premium of 60 dollars or a gold medal, at his option.

—

Baltimore College of Dental Surgery.—The fifth session of this institution will commence on the first Monday in the present month, (Nov.) and continue until the latter part of February. The course of instruction embraces practical dentistry, dental physiology and pathology, special pathology and therapeutics, including principles of surgery, and anatomy and physiology.

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Mississippi Valley Association of Dental Surgeons.—A society has recently been organized under the above title; and the following were elected officers: *President*, Dr. Jesse W. Cook, of Cincinnati; *Recording secretary*, Dr. Wm. B. Ross, of Covington, Ky.; *Corresponding secretary*, Dr. James Taylor; *Treasurer*, Charles Bonsall, of Cincinnati; *Committee of examination for membership*, Drs. M. Rogers and J. Allen, of Cincinnati, and F. E. Sevier, of Madison, Ia.

—

Pennsylvania Hospital—Clinical Instruction.—An excellent course of clinical instruction is given in this extensive and admirably regulated Hospital. The students are trained in the practical study of disease at the bedside during the daily visits to the wards, and series of lectures are delivered on the most important subjects which present in the practice of the house. The arrangements are as follows:

From April to July, *Medicine*, Dr. Pepper.
" " *Surgery*, Dr. Norris.
July to Nov. *Med.* Dr. Stewardson.
" " *Surgery*, Dr. Peace.

—

Wills Hospital for the Blind and Lame.—This admirably managed institution presents extraordinary advantages for the study of the diseases of the eyes, and every facility will, we learn, be afforded to students for that purpose by the surgeons. Oct., Nov., Dec., attending surgeon, Dr. Hays. Jan., February, March, Dr. Parrish. April, May, June, Dr. Fox. July, August, Sept., Dr. Littell.

FOREIGN INTELLIGENCE.

Magnetization of a Steel Rod by the mere Influence of the Will!—M. THILORIER, on the 11th and 18th of June last, endeavoured to establish, by a series of experiments before the French Academy of Sciences, the existence in the human body of a fluid or agency analogous to the electric, and capable of producing some very curious phenomena. Many facts, he said, might be adduced to prove this position, which will probably startle most who have not thought of the subject. Of these, one of the most satisfactory is that of magnetizing a steel rod, placed upon the epigastrium, by the mere and unaided effort of the will! By the simple act of volition, this effect is produced; for it is well known that the mere contact of the rod with the surface of the body is not sufficient. M. Thilorier says that there are three principal points of the body from which the magnetic fluid escapes, viz., the hands, the epigastrium, and the forehead! In a state of repose or passiveness of the intellect and will, as for example during sleep, the effluvium, and consequently the magnetization, are not however entirely null. In the hands, the currents of the fluid are parallel to the direction of the fingers, and perpendicular to the palm; those of the epigastric and frontal regions are directed from below upwards, and from the feet to the head, in a curved line! The magnetic action is null, or nearly so, at the lower end of the spinal marrow; it increases in degree or intensity in proportion as we approach the neck! Currents emanate from every point of the cranial vault; but the most energetic of all is from the culminating point of the frontal bone! The energy of the currents depends on a variety of circumstances: it is more considerable about noon than at night, or in the morning; likewise more so in health than in sickness!—*Medico-Chirurgical Rev.*, Oct. 1844, from *L'Expérience.*

—

Rupture of the Peritoneum.—A hussar, in leaping his horse, experienced at the moment the animal lit on the ground a sensation of tearing. The following day he had pain under the false ribs of the left side with meteorism, constipation, urine scanty and red, pulse thready, countenance hippocratic, and in the evening he died. On post-mortem examination five ounces of blood were found effused in the abdominal cavity, with a rupture of an inch and a half in extent of

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the peritoneum at its upper part on the left side.—*Journ. de Méd. et de Chirurg.*, Aug., 1844, from *Casper's Wochenschrift.*

—

Test for Arsenic.—Dr. BAUMANN recommends for detecting small quantities of arsenic, triturating the suspected body with from three to six times its volume of iron filings, which have been exposed to a red heat, and are known to be free from arsenic, and heating the mixture on charcoal in the reducing flame of a blow-pipe. Even with the smallest quantity of arsenic, the odour at least is disengaged.—*Chemical Gazette*, from *Archiv. der Pharm.*

—

Prophylactic against Ptyalism.—Dr. SCHOEPF, Professor in the University of Pesth, recommends the following tooth-powder, during the administration of mercury, in order to prevent the occurrence of salivation:—Dried alum, powdered, two scruples; powder of cinchona, one ounce; to be used by means of a soft brush, morning and evening.—*Med. Times.* [We opine that this will answer only in Pesth.]

—

Pills and Boluses of Copaiba.—To form balsam of copaiba into pills and boluses, Dr. J. F. R. SIMON recommends wax. He employs the following proportions, which have been very generally adopted:—For pills: liquified white wax, one drachm; balsam of copaiba, two drachms; powdered cubebs, three drachms. For boluses: liquified white wax, one drachm; balsam copaiba, three drachms; powdered cubebs, six drachms.—*Med. Times*, Oct., 1844.

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Janius' Perpetual Blister.—Cantharides 60 parts; euphorbium 30 parts; pulverize, and incorporate, warm, in 360 parts of turpentine: add mastic 360 parts. Stir until perfectly cold.—*Journal de Chirur. Méd.*

—

Vaccination.—M. WENINGER, of Vienna, has published a case where vaccination was performed on a child eight months old, in July, 1837, and did not become developed till July, 1840, thus remaining latent three years!—*Lancet.* [Dr. W. must have a huge organ of credulity.]

—

Deceptions in Medicine.—Courses of lectures are now being delivered in Paris on the following subjects;—one on phrenology; two on magnetism; one on homœopathy; one on uromancy, and to cap the climax, one on deceptions in medicine.—*Journal des Connaiss. Med.*, March, 1844.

—

Number of the Medical Profession in Great Britain.—From the answers and returns made pursuant to an Act, entitled, "An Act for taking an account of the population of Great Britain," just published, it appears that there are of

	Surgeons and Apothecaries.		Physicians.
	20 years of Age and upwards.	Under 20 years of Age.	Over 20 years of Age.
Great Britain	17006	1452	1476
England . . .	14102	1320	1063
Wales	526	75	30
Scotland . . .	2237	248	364
Isles in the Brit. Seas	141	8	19

—

University of King's College, Toronto.—A Medical Faculty has been recently organized, and lectures will be delivered the present winter.

—

Subcutaneous Surgery.—The council general of Hospitals, Paris, has decided that the course of subcutaneous surgery commenced at the "Hôpital des Enfans," by M. Guerin, shall not be continued.—*Gaz. Méd. de Paris*, Aug. 3, 1844.

—

Reward to M. Charriere—M. CHARRIERE, the celebrated surgeons' instrument maker, of Paris, who, at the preceding exhibitions, had obtained all the medals which an exhibitor could receive, at the close of the exhibition of 1844 received the cross of the Legion of Honour.—*Ibid.*

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Hospital for Children.—A hospital for children is about to be erected in Berlin.

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British Association for the advancement of Science.—This association assembled at York on the 25th of September, the Earl of Ross in the chair.

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Necrology.—M. DORCET, a distinguished member of the French Institute, recently died from phlebitis resulting from venesection.

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THE

MEDICAL NEWS

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CLINICS.

WILLS' HOSPITAL.

Service of Dr. HAYS.

Patients in the House, Oct. 1st, 1844,			23
" admitted during Oct.,	Males	8	
" " " "	Females	4	
			—12
" discharged " "	Males	7	
" " " "	Females	5	
" eloped " "	Male	1	
			—13
" in the House at present	Males	17	
" " " " "	Females	5	
			—22
" with diseases of the eyes		20	
" " " " limbs		2	
Operations during October,			
For Cataract		2*	
" Artificial Pupil		2	

ROBERT P. HARRIS, M. D.
Resident Physician.

* One of these was on a patient, 85 years of age, affected with capsulo-lenticular cataract. The lens being very hard, was depressed and the capsule was thoroughly lacerated. On the tenth day the patient read a newspaper with facility.

Clinical Lecture on Injuries and Diseases of the Spine.

Delivered at St. George's Hospital. By CÆSAR HAWKINS, Esq.

(Continued from p. 81.)

3. Henry Senfield, æt. 53, admitted April 17th, with paralysis of the lower extremities, almost complete, and partial paralysis of both hands. From his appearance and manner I believed that it was more a medical than a surgical case, but I admitted him, as he gave this history: "that he had a severe strain in the loins two years ago, and had lost the use of his legs about nine months, which were much wasted, but perfectly sensible to the touch." He was in the Bath Hospital for a month, two years ago, (that is, soon after the accident,) and was treated with cupping and issues, and was dismissed as incurable; and was treated in a similar way in the Middlesex Hospital, and sent out thence also as incurable. On seeing him the next day, I found that there was no pain on percussion of the spine, and no projection of any part; the affection seemed confined to the anterior part of the spinal marrow, as is generally the case with caries of the spine,

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent GRATUITOUSLY *to all subscribers to the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on Number Twelve.*

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but the palsy was too general for any caries except in the upper part of the spine, of which there seemed no evidence; and as he had a severe cough, with much frothy mucus, and appeared very ill altogether, I transferred him to the physician's care. He died a few days afterwards (April 27th) of inflammation of both lungs, of which the post-mortem book contains an account, but which I will not read to you, as it is irrelevant to our present subject. "The substance of the brain was very firm, but the ventricles contained a large quantity of transparent fluid." This, however, although paraplegia may arise from some diseases of the brain, did not seem likely to have occasioned the partial paraplegic symptoms of our patient, and the examination of the spine was made, the bodies of which, in front, were unaffected. On opening the canal, "the spinal marrow and its membranes were healthy," so that the case did not appear more clear; but on taking out these parts, it was found "that on the posterior surface of the intervertebral cartilages were, in two or three places, small yellow, opaque, friable bodies, immediately in contact with, and apparently growing from, the intervertebral substance. The nature of the deposit could not be determined, but it certainly did not look like scrofulous matter. The largest of these bodies was situated in the lumbar region, and the smallest in the lower part of the cervical region. They projected into the spinal canal, and must have caused pressure upon the anterior column." You will see that the largest of these little bodies is not much larger than a pea, and the appearance is nearly lost by maceration in spirit; they appeared to me to be very similar to the intervertebral substance itself, a kind of hypertrophy of these bodies, but yellower, firmer, and more brittle. I may observe that their direct pressure must have had less influence on the spinal marrow than some indirect effect on the circulation of this body and its membranes. Hence it is, of course, that, in caries also, the motor power is commonly alone impaired, the effect on the spinal marrow being on its anterior part only, which is more immediately in contact with the bodies of the vertebræ, which are the seat of the caries, and the same, also, in ulceration of the intervertebral substances; and whenever there is much loss of substance, with sloughing and deficiency of vital power in the parts below the disease, you may be sure the cause must be one which affects both columns of the spinal marrow, which caries is not likely to do. In our present case, then, we had paraplegia from an accident likely to have caused disease of the spinal bones or ligaments, affecting the nerves of motion only: the exact nature of the disease could not be known, for I never saw another instance of it. The symptoms so far differed from those of caries that I expected to have found some disease of the spinal marrow rather than of the bones, as it really proved on dissection, though of a very rare form of altered structure.

4. The next case I will bring under your notice is also one of alleged injury of the spine; but it is attended, like it, with some obscurity of symptoms, though the history seems clear enough.

William Marks, æt. 23, admitted on the same day as the last patient (April 17th) with supposed disease of the spine, of which he gave the following history:—"About sixteen months ago he had a fall across the abdomen, and in three or four days his back became painful and stiff, and soon afterwards, in lifting a weight, he felt something snap in his back, and he could not stand for six or seven hours afterwards; he then became an out-patient for six months, and got quite well. About five weeks ago he slipped off a plank on to the side of a barge, with a sack of coals on his back, and directly he felt his back bad again, which has been getting daily worse.

On examination, the spine was straight; no pain was felt on percussion on any part of the spine. He complained chiefly of starting pains, particularly on motion, and great pain on pressing across the lower part of the loins, where the long muscles were very tensely stretched. The tongue was clean; pulse natural; and he said he was in good health. There was no numbness of the legs, but he could not stand on them on first getting out of bed, from pain in the back. The urine was natural. A day or two afterwards he complained of more pain in the back and in the shoulders, with startings and twitchings of the arms, and now he complained also of pain, on percussion, of the lower dorsal vertebræ, and of a sense of constriction across the chest and abdomen.

Here, then, we have many of the symptoms which disease of the spinal column in

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the part to which the pain is chiefly referred would have occasioned, but there was a greater contraction of the long muscles of the back than usual, and some affection of the upper extremities was spoken of, and although the spinal marrow is sometimes affected above the seat of the disease, yet it seldom goes so far upwards as from the loins to the axillary plexus. Again, pain is often complained of below the real situation of the disease; so that I have many times seen setons or issues employed upon one part of the spine, while a curve has subsequently shown itself above the part supposed to be carious: still, I scarcely think there can be caries near the upper part of the back to cause the twitchings of the arms he has spoken of. Something in the man's appearance induced me to suspect there might be another cause of paraplegia, which is too frequent, namely, intemperance of life. Indulgence in wretched school habits, or over-indulgence in sexual intercourse, are well known to occasion paraplegia by producing softening probably of the spinal marrow, as if the excitement of the sentient nerves, and of the reflex actions, as they are called, ended in alteration of structure of the centre of the medulla. In such cases, to distinguish them from cases of caries, you will commonly find all the extremities more or less affected, sensation impaired, and there is more spasm of muscles than is usual with ordinary caries; the mind is weakened, so that the memory is defective, and the patient is subject to low spirits and fits of crying; the countenance is pale and the pulse feeble, and there is a downcast look of suspicion and shame, while no part of the spine can be fixed on as the exact seat of disease. I could not well put our patient into the confessional with twenty or thirty of you round the bed, and therefore directed the question to be put in a more private way, and our notes of May 3d say that he owns to masturbation, and that he has been a great rake; so that both causes may have been in operation at once.

A very well-marked instance of paraplegia from onanism was under my care not long since, which some gentlemen may remember; and I will read the notes of the case, to illustrate the diagnosis in our present case.

5. Henry Perrin, æt. 32, was admitted June 15th, 1842, giving the following history of the paraplegia under which he laboured. When about 16 years of age, he fell from a height of about seven feet, and struck the back of his head, and he says he was weak in the back afterwards. Seven years ago he again injured the back of his head by a fall from a load of goods, and was laid up for it some time, having blisters applied to the neck. Soon after the accident, the right arm became weaker than usual, and about three years ago the left arm also became weak; says the right leg has been weak several years, and both are so now, so that he can scarcely direct his steps. He is unable to retain his urine for any length of time, and the bowels are very costive; memory failing, and he is very nervous and easily cries. Sight not affected, nor his hearing. Has no pain in the head. Urine pale, acid. Sensibility lessened, so that he does not feel a blister. Temperature of axilla and groins the same, both being 100°, yet his feet feel cold. No disease of spine was apparent, and, on inquiry, he confessed to having indulged in excessive onanism from the age of 16 to 26, which practice was extended to the present time in reality, for he complained of convulsions coming on when he went to sleep, and then acknowledged that he caused the convulsions by a continuance of the same fatal habit.

You see, then, that an account of injuries and accidents likely to have occasioned disease of the spine may be given by the patient, and yet the real cause may be very different. The unfortunate victims to the propensities in question learn something of the nature of disease, and endeavour to deceive the surgeon, and conceal their delinquencies; there could be no doubt, however, of the cause of the paraplegia in this case, and some of the signs I have enumerated will generally enable you to distinguish a well-established case.

I have doubts, then, about Mark's case, and in the earlier stages of a chronic disorder, like the softening, if it be so, which dissipation creates, it is, of course, much more obscure than at a later period. With regard to the treatment of his case, I at first contented myself with watching the man to see if any thing very decided would show itself; for in a chronic and obscure disorder it will often require more than one visit to obtain the whole history from the patient, and to observe every symptom actually present, and some fresh symptom may show itself to decide a doubtful point. In a few days, as much pain was complained of, I

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had him cupped, and again on the 29th, as the pain was again increasing.

May 3d.—The notes say the pain was less, and then I ordered a blister, and repeated this yesterday, as the first had scarcely risen, and I have directed it to be kept open, and he now says he has lost the twitchings of his arms. I am treating it, in short, in a manner that is calculated to do good in either case; and if it prove, as is perhaps most probable, on the whole, that there is disease of the lower part of the spine, I think it is often best to precede the use of issues by cupping, followed by one or more blisters. If, on the other hand, there should appear reason to think that my suspicions of the influence of the patient's habits are strengthened or confirmed, issues will not be called for, and a different practice may be required, which I will not enter upon.

Having brought before you these more rare or more difficult cases connected with the spine and spinal marrow, you will do well to contrast them with plain and evident cases of common disease of the spine, of which two instances are under my care, which I will briefly allude to.

The effects of loss of substance in the spinal column are seen in the preparations on the table, in some of which there is inflammation of a healthy character, that is, without scrofulous deposit, the intervetebral substance not being at first affected, in which cases the bone remains hard, and is not much destroyed by ulceration, and parts occasionally become necrosed; in others, the bones are first filled with scrofulous matter, and so many of the bones are sometimes simultaneously carious, that the loss of figure is very great; in others, again, the intervertebral substance ulcerates first, and the disease may be, as you see, altogether confined to this structure. For practical purposes, the healthy caries, which take place in adults for the most part, may be classed along with the ulceration of the fibrous cartilage between the bones, for I do not think you can always distinguish them from one another. Of this kind of caries an example has been afforded in a man who has been several months in the hospital.

6. Richard Nicholls, æt. 29, was admitted Sept. 6th, with angular curvature of the seventh dorsal vertebra, with weakness and pain in the loins and hips, extending down the inside of the thighs. He can walk but little, and that with pain and difficulty; and the legs start a little at times. He was in the hospital under my care seven years ago, and had issues kept open for nearly seven months; after which he was able to go about till about a year ago, when he came into the hospital under Mr. Babington, and had issues kept open for three months. He went out relieved, but not able to work; since which time he has been attended by a surgeon in the country, who has passed setons which are only just healed. On his admission this time I again ordered issues to be made, and under their use he has gradually and steadily improved, though he has not altogether lost the pain and starting, nor quite regained the power of motion: he can, however, walk much better than on his admission.

In cases of this description you can in general look forward with tolerable confidence to a cure, if the patient's constitution is in a comparatively good state; they have not much tendency to the formation of abscess, and the disease is slow in its progress; issues have great power over the ulceration, and nothing else can be trusted to with the same satisfaction. The issues require to be kept open for a considerable time, unless the irritation is itself injurious. You will observe that seven months was the time I first employed them, and the patient then had nearly six years' freedom from disease, till a year ago a fresh accident or strain, or some derangement of health, reproduced the disease: three months was then insufficient to check it, and I shall probably keep them open this time for a year or more, and most likely after the pain is quite gone, I shall have them kept open for some time, even after I have thought it prudent to let him again walk about. The chief difficulty in the treatment is to ascertain when gradually increasing the motion and exercise of the part will no longer be injurious, and you must feel your way carefully.—*Lond. Med. Gaz.*, May, 1844.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Thompsonian and Botanical Doctrines.—Dr. N. S. Davis has reported, in the New York Journal of Medicine, the evidence in an indictment for manslaughter against a Thompsonian practitioner, tried at Binghampton in May last. The evidence on the part of the defendant is so rich that

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we cannot refrain from laying a portion of it before our readers:

"William Rose, sworn: 'Is a botanic doctor. Has used lobelia for thirty years, in all cases where emetics were needed. In 1825 had one hundred cases of scarlet fever, in which he used lobelia, and did not lose a patient. Has no knowledge of its possessing poisonous qualities. Understands by *narcotic* poisons that which stops the circulation of blood. Don't know how opium produces death. Thinks arsenic would produce death quicker than cicuta.'

"Thomas W. Griffin, sworn, says he is a Thompsonian physician; has practised eighteen years as such. Says he uses three articles, viz., lobelia, Cayenne pepper and Barbary bark, in all cases, and in all *stages* of disease, and under all *circumstances*, and *always* with *good* effect. Thinks that lobelia is not a poison."

—

Triumphs of Mesmerism.—A medical gentleman of this place [Joliet] informs me, that he can, at any time, relieve spinal irritation, by mesmerism; also, that it is one of the best means of preventing abortion which he has ever tried. He can mesmerize a nervous patient after lying down for the night, and she will sleep soundly till he awakes her, which he can do, by an effort of his will, transmitted from his own house. Still further, he can prevent the paroxysm of an intermittent fever, by mesmerizing his patient before the access of the chill, but the next paroxysm will come on. However, he has discovered (taking the hint from a work on homœopathy), that by producing an artificial chill during the intermission, a radical cure is effected. This he accomplishes by producing mesmeric sleep, and then applying his finger to the tip of the patient's nose. Finally, the following case has lately occurred in his practice. A lady was subject to such obstinate constipation, that she passed fourteen days without an evacuation, when a drachm of calomel and six drops of castor oil produced only one discharge. Eight days after that, not having had another, he threw her into the mesmeric sleep, when mesmerizing a glass of water, he gave it to her as a solution of Epsom salts, the taste of which she admitted: he then made her hold half an ounce of calomel in her hand for about 30 minutes, when he awoke her. I do not recollect whether he mesmerized the calomel. When he called the next morning, he found that she had been purged to excess, and was profusely salivated, with swollen jaws and a mercurial breath. He then mesmerized her again, and putting a roll of brimstone (not mesmerized) into her hand, and applying another to her cheek, she was perfectly well in three days, and her costiveness has not since returned.—Prof. D. Drake's *"Travelling Editorials" in West. Journ.*, Nov., 1844.

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New Cure for Tubercular Consumption.—A letter from Darmstadt, dated 2d September, in the *Ober Post Amts Zeitung*, describes a striking method, newly invented, for the cure of pectoral complaints:

"The surgical operations of Dr. Von Herff at present attract great interest here. These operations have, in several instances, effected a decided cure in cases of tubercular pulmonary consumption—*phthisis tuberculosa*. The seat of the ulceration having been ascertained by means of the stethoscope, the matter is discharged outwardly by an incision being made in the cavity of the breast, penetrating the lungs. The cure is finally effected by medicine injected into the wound by a syringe. We have hitherto refrained from making known these operations, as we wished to await the results; but we are now enabled to affirm with confidence, that in several instances the operations have obtained the most complete success, and in no case have been attended by any danger to life. We hope that Dr. Von Herff, after an extended series of experiments, will make the observations deduced from them the subject of a philosophical inquiry."—*Spectator.*

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Another Cure for Pulmonary Phthisis.—Dr. Asmus found the use of quinine so efficacious in incipient phthisis, that he asserts its certainty of curing any pulmonary consumption, which has not yet made too rapid a progress, even if hectic fever has already made its appearance. He considers this mode of treatment particularly useful in rapid consumption, and in such cases as happen after parturition, nervous or other fevers. No more than a drachm of quinine was necessary to effect a cure.—*Med. Times*, Oct. 26th, 1844, from *Journ. für Praktische Chemie.*

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MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Gastrotomy.—This operation has recently been performed three times in this country. Once by Dr. W. L. Atlee, of Lancaster; the tumour proved to be a fibrous one of the uterus, which was removed, and the patient has recovered. Once by Dr. J. L. Atlee, of Lancaster; in this case, also, the tumour was fibrous, which was removed; the patient died on the fourth day of hemorrhage. We understand that the details of these two cases have been communicated for publication in the *American Journal of Medical Sciences*, and that they will appear in an early No. The third operation was performed by Dr. J. D. Bowles, of Harrison, Ohio; the tumour was ovarian, and was removed by an incision nine inches in length. The patient recovered without any unfavourable symptoms.

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Multiplication of Medical Schools.—Everywhere that I go, our brethren are crying out against the multiplication of medical schools. But to what end? Who can arrest it? The medical school diathesis of the profession and the States, is like some morbid actions, "self-limited," and must be left to correct itself. It is of no use to be croaking about "their increase," but we may, and should, complain of underbidding; and to see, as in the schools of Illinois, the number of professors reduced to five, and the aggregate amount of their tickets to $60, is a cheapening that ought to be condemned. I fancy that the professors would take exceptions to their brethren's reducing the price of their visits to twenty-five cents, or that of an amputation to "fifteen shillings," and with such feelings and opinions of professional propriety, they ought not to sell their lectures at a discount of 33⅓ per cent. If the young men of Illinois cannot afford the ordinary and established expenditure for medical education, they had better devote themselves to the cultivation of its millions of unenclosed and exuberantly fertile acres, and thus create the means of educating the next generation.—Prof. D. Drake's "*Travelling Letters*" *in Western Journ.*, Nov., 1844.

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Medical Students in Philadelphia.—The number of medical students in Philadelphia the present season is larger than at any previous period, amounting to about nine hundred.

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Works in Press.—We understand the following works are in press, and will shortly be published by Messrs. Lea & Blanchard:

Taylor's Medical Jurisprudence, edited, with numerous additions, by Dr. Griffith, in 1 vol. 8vo.

Ashwell on the Diseases of Females, edited by Dr. Goddard; in 1 vol. 8vo.

Hoblyn's Dictionary of Terms used in Medicine, &c., edited, with additions, by Dr. Hays; in 1 vol. 12mo.

The Principles of Surgery, by James Miller, Professor of Surgery in the University of Edinburgh; in 1 vol. 8vo.

Sir Astley Cooper's great work on the Structure and Diseases of the Testis, with his Treatise on the Thymus Gland; the two works in one imperial 8vo. volume, with numerous illustrations in lithography.

Colombat de L'Isere on the Diseases of Females, translated, with many notes and additions, by Prof. C. D. Meigs; in 1 vol. 8vo., with numerous illustrations.

Williams on the Diseases of the Respiratory Organs, edited by Dr. Clymer; in 1 vol. 8vo., with cuts.

Mental Maladies considered in Relation to Medicine, Hygiéne and Medical Jurisprudence, by E. Esquirol; translated, with additions, by Dr. E. K. Hunt; in 1 vol. 8vo.

Fownes's Manual of Elementary Chemistry, Theoretical and Practical, with additions by the American Editor; in 1 vol. 12mo.

—

Obituary Record.—It is with deep regret that we record the death of Dr. Samuel Forry, Editor of the New York Journal of Medicine, at the early age of 33. Dr. Forry's literary labours were numerous and important, and he is said to have fallen a martyr to his severe studies. He arranged and edited the very valuable statistical reports of the United States Army; was the author of an interesting work on Climate, of numerous papers published in the American Journal of the Medical Sciences, in the New York Journal of Medicine, &c. &c.; and he was preparing a work on the laws of population and mortality in all countries in which data have been accumulated.

FOREIGN INTELLIGENCE.

Encysted Bronchocele.—According to Dr.

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Bouchacourt, this disease is not seated in the thyroid gland, but in the lymphatic glands situated near it. Of all the methods recommended, injection is, he says, that which offers the greatest chance of success. A mixture of one part of the tincture of iodine with two, three, four, or five parts of water is sufficiently irritating. It is not necessary to inject a quantity of the iodine solution equal to that of the liquid withdrawn; one-half or one-third is in general, sufficient, and it may be left in the cyst without inconvenience. The hypertrophied thyroid generally diminishes from the excitation produced by the injection; should this, however, be insufficient, iodine may be given internally and rubbed in at the same time. An appropriate treatment must be administered, according to the constitution of the patient.—*Bulletin de Thérapeutique.*

—

Extirpation of the Superior Maxillary Bone.—According to a statement in the *Revue Clinique*, M. Lisfranc recently performed the operation for the removal of the right upper jaw-bone, in a case of cancer affecting its structure. The first incision commenced at the external commissure of the lips, and extended to the middle of the malar bone. A second was made along the side of the nose, from the lip to the internal angle of the eye, so as not to injure the lachrymal sac. The flap having been raised up, the parts on its inner side, namely, the nose and the middle of the lip, were detached from the subjacent bones, and pushed on one side, in order to gain as much light and room as possible. The bone being much softened, the operation could not be completed in the ordinary way. The vault of the palate was divided with a chisel, the use of which M. Lisfranc prefers to that of the chain-saw, the former instrument acting more rapidly; after which, the extirpation of the diseased parts was accomplished by the scissors, the forceps and the fingers. The operation was performed with remarkable promptitude and skill, and was unattended by any serious hemorrhage.—*Med. Times.*

—

Early Puberty of the Female Sex in Greece.—Mr. Strong, the Bavarian Consul at Athens, in a recent work, (Greece as a Kingdom, 8vo., London,) says:—"Nature is so extremely precocious in Greece, that females attain the age of puberty at ten or eleven years, and men at fifteen or sixteen. Young lads of sixteen and seventeen are frequently met with in the villages already married and with families. I am acquainted with a lady of one of the first Athenian families who, though only twenty-five years of age, has already had sixteen children (eight of them twins), of whom seven are still alive. It may scarcely appear credible in England, but there is now at Athens a venerable grandmamma in the person of a lady not yet twenty-four years old. She was married when eleven years of age, and had a daughter in the course of a year. That daughter married, also, when scarcely eleven, and has just become a mother."

—

Honours to Prof. Liebig.—A public dinner was given to Prof. Liebig, at Glasgow, on the 13th of October last, and the freedom of the city was presented so him.

—

Medico-Chirurgical Review.—We observe that Dr. James Johnson's name does not appear on the cover of the October No. of the Med. Chirurg. Review; and in the title-page of the volume we read, "Edited *hitherto* by James Johnson, M. D." Are we to infer that this veteran editor, who has so long conducted the Review, with advantage to the profession and honour to himself, has retired?

A new series to the Review is announced, to commence in January next.

—

To Readers and Correspondents.—The present No. of the Library contains the conclusion of Watson's Lectures, with the Title and Index. All the Medical Reviews, both of this country and of Great Britain, fully coincide in the opinion we expressed of the great value of these lectures; and we can therefore claim the merit of having presented to our subscribers the best work on the *Practice of Medicine* that has yet appeared in the English language.

In our next No. will be commenced the publication of the *Surgical Lectures* of Sir Benjamin Brodie, one of the most illustrious and experienced of living surgeons. These lectures are characterized by their practical value, and have been received with great éclat. In presenting them in a collected form, we are sure of performing a service to the profession, and of maintaining the character of the Library.

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THE

MEDICAL NEWS.

MDCCCXLV.

VOL. III.

PHILADELPHIA:
LEA AND BLANCHARD.
1845.

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MEDICAL NEWS

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CLINICS.

WILLS' HOSPITAL.

Service of Dr. Hays.

Patients in the House, Nov. 1st, 1844, 22
" admitted during Nov., Males 5
" " " " Females 3
8
" discharged " " Males 4
" " " " Females 3
7
" in the House at the end of the month,
" " " " Males 18
" " " " Females 5
23
" with diseases of the eyes 21
" " " " limbs 2
Total in the House, Nov. 30th, —23
Out-door Patients, Males 4, Females 4.

Operations.

For Cataract, 1.

Robert P. Harris, M. D.
Resident Physician.

PENNSYLVANIA HOSPITAL.

Surgical Wards.

Service of Dr. Randolph.

Cases admitted into the Surgical Wards of the Pennsylvania Hospital, since October 20, 1844.

Abscesses in various parts, 4; burn, 2, (died 1); calculus in bladder, 3; calculus in urethra, 1; contusion of deltoid, 1; contusion of other parts, 8; coxalgia, 2; dislocation of ulna backwards, 1; dislocation of elbow blackwards, 1; fracture, compound, of skull, 1; fracture, compound, of humerus, 1; fracture, compound, of hand, 1; fracture, compound, of finger, 3; fracture, compound, of thigh, &c., 1, (died 1); fracture, compound, of leg, 2, (died, 1); fracture, simple, of spine, 1; fracture, simple, of jaw, 2; fracture, simple, of clavicle, 3; fracture, simple, of forearm, 1; fracture, simple, of radius, 2; fracture, simple, of thigh, 2; fracture, simple, of ribs, 1; hydrocele, 1; inflammation of knee, 2; inflammation of foot, 3; stricture of urethra, 1; syphilis, 7; tumour, œtheromatous, 1; tumour, fatty, 1; ulcer, 5; wound, gunshot, of neck, 1, (died, 1); wound, gunshot, of thigh, 1; wound, gunshot, of scalp, 1; wound, gunshot, of hand,

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent Gratuitously *to all subscribers to the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for February.*

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Vol. III.—1

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1; wound, punctured, of chest, 2; wound, lacerated, of chest, 2.—Total admissions, 73; deaths, 4.

Number of operations, 7.

Lithotomy, 2, (died, 1*); amputation of forearm, 1; amputation of arm, 1; removal of tumours, 2; ligature of common carotid, 1, (died, 1).

The case of dislocation of the ulna was complicated with fracture of the coronoid process. The arm was in a position between that of complete extension and flexion. The dislocation was easily reduced by drawing upon the forearm in the direction assumed by the limb, (the humerus being fixed,) and then gradually flexing it.

In the other case of dislocation, the elbow was thrown backwards. The diagnosis was perfectly easy, as was also the reduction of the injury, which was accomplished in the same manner as the first. In this case there was no fracture. The patient, while very much intoxicated, was thrown in wrestling, striking the ground upon his hand, the fore arm being flexed. Both patients are still under treatment, and are likely to recover with very little or no imperfection in the motions of the elbow.

The following case of gunshot wound was a very interesting one to us.

A man, aged 22, in perfect health, was accidentally shot, Nov. 1, with a pistol which was loaded only with powder and wadding. The load took effect upon the cheek and upper part of the neck of the right side. The wound extended in one direction about three inches, and in the other, two inches. The lower jaw was fractured at its angle, and the bone stripped of its periosteum from a little above the angle to the symphysis. The soft parts were very much mangled, and a communication made between the cavity of the mouth, exteriorly to the alveolar process of the jaw, and the wound in the neck. There was little or no bleeding at the time; the temporal artery was felt pulsating, and the carotid about ½ inch on the outer side of the wound, just below the angle of the jaw. Several small fragments of bone and remnants of the wadding were removed from the wound, which was covered with a warm poultice, and supported by a bandage, and the patient was kept under the influence of opium.

*Died of peritonitis, 48 hours after the operation. The patient was a child, aged four years.

Nov. 7. Symptoms have all been favourable—no fever, no pain, excepting a slight soreness in swallowing. The wound becoming clean. Hypoglossal nerve seen at the bottom of the wound, having been divided at a point a little anterior to its curve. Considerable induration of the surrounding parts.

Same treatment continued as above. Diet farinaceous.

8. Commenced bleeding at 8 o'clock, A. M., and bled profusely. Hæmorrhage not controlled by pressure at the root of the neck, and if it was prevented from appearing at the wound by pressure made at this point, it came from the mouth. In this emergency, Dr. Peace tied the carotid low down in the neck, and then found it necessary to apply a ligature upon a small artery, probably the facial, in the wound. The external jugular vein was cut during the operation, and a fine ligature was applied around the orifice, the vein not having been cut completely across.

The operation was not followed by any unpleasant symptom whatever.

12th. Lost a few ounces of blood this morning from some small vessel; the bleeding stopped, however, after the wound had been for a few minutes exposed to the air.

14th. A small artery, probably a branch of the facial or labial of the left side, poured out ℥ij. a ℥iii. of blood; and the coats of the vessel were so much softened, by inflammation, that we were unable to apply a ligature: pressure was substituted.

15th. The ligatures came away from the vein and from the small artery which was tied at the same time.

19th. Ligature loosened from the carotid and came away with the dressings. The wound made in tying the vessel did not close by the first intention—its granulations firm. The original wound contracting very finely, diminished to one third its former size—only half inch of the bone exposed. Communication between the mouth and the wound closed. General symptoms most favourable. The most perfect rest has been enforced; the patient has been constantly watched day and night; mild and nutritious diet; opiates occasionally.

28th. A few ounces of blood lost from the wound made in tying the carotid. It was of a bright red colour, and came in jets from the little gutter, as it were, made by the ligature—it was easily arrested by very

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gentle pressure made just below the inferior extremity of the wound, and upon the vessel itself; the precise source of the bleeding could not be detected, and it appeared doubtful whether the jet was owing to the direct passage of the blood from an artery, or merely to the succussion caused by the large vessels.

Small losses of blood occurred again on the 30th, and on the 2d, 4th and 5th of December: the bleeding was very readily arrested in the same manner as before, viz., by pressure made at the lower extremity of the wound. The granulations had now become flabby, and the wound indisposed to heal, but the reparative process was still going on at the original wound.

6th. Very profuse bleeding: the stream so strong and large that we had now no doubt that the carotid was opened both above and below the point of ligature. Very firm pressure now was requisite to control the flow of blood. The wound had become much enlarged from sloughing; the parts beneath were softened and easily broken down, and emitted a gangrenous smell. Hæmorrhage occurring in the evening, some powdered matico was thrust into the wound and pressure made upon it. Slight hæmorrhage on the 8th and on the morning of the 9th. Died in the evening of the 9th.

Post Mortem Appearances.—The original wound contracted to about the size of a twenty-five cent piece. No union of the fractured extremities of the bone. That part of the bone which was still exposed was not at all loosened from the body of the jaw. The wound made in tying the vessel, three inches long and two inches wide. Surrounding integuments thin, and of a purple colour. Wound filled with a soft, black and fœtid coagulum. The integuments were turned off from the right side of the neck, in order to give a fair view of the part beneath. The sterno-cleido mastoid muscle in the lower half of its extent was partially removed by sloughing. The clot possessing the characters above mentioned was reposing on the transverse processes of the vertebræ, and bounded internally by the trachea, externally by the remains of the mastoid muscle. The clot was carefully removed from the parts by pouring water upon them, and in this manner we were able to obtain a view of the vessels. The common carotid, at a point an inch and a half above its origin, was open, and at this point we supposed that the ligature was applied—it seemed as if the vessel had been cut completely through; the extremity was slightly irregular on its edges, and all the coats thickened—while its calibre was much diminished by the deposit of lymph on its internal membrane—still it readily permitted the passage through it of a silver director of the ordinary size—the point at which the calibre of the vessel had been most diminished was about half an inch from the free extremity. The superior portion of the vessel was discovered by cutting down upon it at the upper part of the neck and passing a probe through it. Between the two extremities of the vessel was a space of three quarters of an inch, in which the vessel had been destroyed and removed by sloughing. The lower extremity of the inferior portion of the vessel was soft, black and gangrenous, and this condition extended to within an inch of its bifurcation. This portion of the vessel contained a soft and recent coagulum; the lower portion of the artery contained no clot. Both extremities, therefore, of the common carotid must have allowed free exit to the blood. The coats of the internal jugular vein were entire, but were stained of a dark brown colour.

F. W. SARGENT, M. D.,
Resident Surgeon.

Dec. 21, 1844.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Mesmeric Skill in escaping from Difficulties.—"I fear I am in for it, touching my compass expenses!" M. Thilorier's experiment of magnetizing the key by the influence of his will, has not succeeded in presence of M. Arago. True, indeed, M. Thilorier pretends that he was *neutralized* by the illustrious perpetual secretary, and having less fear, as it seems, of the neutralizing powers of M. Dutrochet, he requested permission to repeat the trial in the presence of that gentleman, who at once consented. I am not yet informed of the result. It will be matter of much regret if so brilliant a discovery be not confirmed. All the priests and all the priestesses of the magnetic faith have been in commotion upon the great news. So, they have said, magnetism again is introduced to the Academy, which despised it! There are some, however, who maintain that the story of turning a bar of iron into a magnet is but an artful ruse to

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lead the attention of the savants of the Academy to the consideration of other phenomena that are not less surprising. And it is unquestionable that Messrs. the magnetizers, are extremely adroit, and that they extricate themselves from the most difficult situations with marvellous dexterity. Let me give you a proof of the fact.

A friend of my own, very sceptical, was one evening at a party where a somnambulist was performing prodigies; and, pressed by the mistress of the house to address a few questions to the performer, he led him to a small house among the Pyrenees, which he requested him to describe. The somnambulist desired a few additional passes of his magnetism, and commenced his description, which, as it happened, whether from accident or otherwise [one small house in the Pyrenees, for example, being very like another,] was pretty correct.

"Sir," said my friend, "you are extremely *lucid* this evening, and I beg you to inform me further what my father has been about to-day?"

"I see your father at a great distance from this," said the seer; and then he went on to narrate, from hour to hour, what the old gentleman had done during the day; entering into the most minute particulars. "And now, to conclude, he is laid comfortably in a bed of such and such a fashion."

The whole party listened with avidity, and looked into the eyes of my friend to learn whether or not the somnambulist had spoken correctly. My friend turned to the magnetizer, and said—"There is only one slight anachronism in the tale of your somnambulist; my father has been dead these twenty years."

"Sir," replied the magnetizer, taking him by the arm, "your objection is worthless; *no one is ever sure of knowing his father!*"

You will guess the burst that immediately took place among the company. My friend, it must be confessed, cut a pitiful figure, and literally found nothing for it but to beat a retreat at the earliest possible moment.—*Jean Raimond*, in *Gaz. des Hôpitaux.*

Miss Martineau on Mesmerism.—The spirit of proselytism is a fine thing; the world would probably be a very dull place without it. The grand objection to it is, that it is commonly displayed on matters which are really of no moment in themselves; which are trifles both to society and individuals; in fact, though both society and individuals commonly enough look at them through so highly magnifying a medium that persuasion of their paramount importance becomes a canon of faith, a revelation both on outward and internal evidence. Miss Martineau had been long an invalid; she was held, we believe, to have been labouring under organic disease of the uterus, yet happily the malady seemed slow in its progress, and if it confined her to her room, it appeared to abate little or nothing of her intellectual energy. We have at least one delightful work from the able pen of Harriet Martineau since she became a sufferer—we allude to "Life in a Sick Room"—a book full of exalted philosophy, teeming with the truest spirit of piety and philanthropy. The disease of our gifted countrywoman, thank God! seemed slow to kill, and finally—and here we again say, thanks be to God!—it seemed to have come to a stand still.

"This is not the place in which to give any details of disease," says Miss Martineau, (Athenæum, Nov. 23d,) "it will be sufficient to explain briefly, in order to render my story intelligible, that the internal disease under which I have suffered appears to have been coming on for many years; that after warnings of failing health, which I carelessly overlooked, I broke down while travelling abroad, in June, 1839;—that I sank lower and lower for three years after my return, and remained nearly stationary for two more, preceding last June. During these five years I never felt wholly at ease for one single hour. I seldom had severe pain; but never entire comfort. A besetting sickness, almost disabling me from taking food for two years, brought me very low; and, together with other evils, it confined me to a condition of almost entire stillness, —to a life passed between my bed and my sofa. It was not till after many attempts at gentle exercise that my friends agreed with me that the cost was too great for any advantage gained: and at length it was clear that even going down one flight of stairs was imprudent. From that time I lay still; and by means of this undisturbed quiet, and such an increase of opiates as kept down my most urgent discomforts, I passed the last two years with less suffering than the three preceding. There was, however, no favourable change in the disease. Every thing was done for me that the best medical skill

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and science could suggest, and the most indefatigable humanity and family affection devise: but nothing could avail beyond mere alleviation. My dependence on opiates was desperate. My kind and vigilant medical friend,—the most sanguine man I know, and the most bent upon keeping his patients hopeful, avowed to me last Christmas, and twice afterwards, that he found himself compelled to give up all hope of affecting the disease,—of doing more than keeping me up, in collateral respects, to the highest practical point. This was no surprise to me; for when any specific medicine is taken for above two years without affecting the disease, there is no more ground for hope in reason than in feeling. In June last, I suffered more than usual, and new measures of alleviation were resorted to. As to all the essential points of the disease, I was never lower than immediately before I made trial of Mesmerism."

Few medical men of any experience will have the slightest difficulty in perfectly comprehending the state so graphically described by the sufferer. It is seen every day in women at the turn of life; and the grand mistake that is ever committed in regard to it is to look on mere functional derangement, accompanied by pain and excessive discharge, as organic disease—as cancer or polypus of the uterus. We are not fond of putting our brethren in the wrong in the MEDICAL GAZETTE; but if Miss Martineau's case were diagnosticated as either cancer or polypus, and she recovered, even with the assistance of mesmerism, without a separation, naturally or artificially brought about, of the diseased parts, in either case, the first position we take up is that her medical advisers were mistaken in their view of the nature of her malady; that the disease was functional, not organic, and that the patient would have recovered—was in fact recovering, independently of mesmerism. There are curative means not suspected of the vulgar, of sovereign efficacy in such a complaint as that under which Miss Martineau laboured—*rest* and *time*. And we beg to assure her that *there is no "specific medicine"* for the malady with which she appears to have been mistakenly supposed to be affected, nor yet for that with which she was probably affected in fact—or if there be, it is a combination of the very remedies under the prolonged use of which she has most happily, as she says, been "restored to the full enjoyment of active days, and nights of rest, to the full use of her power of body and mind:" the remedies alluded to are *rest* and *time*.—*London Med. Gaz.*, Nov. 1844.

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Mud Baths.—The Russian journals are filled with accounts of the marvellous cures effected by the *mud baths* of the lake of Eupatoria in the Crimea. This saline water, six wersts only from the Black Sea, and forty-five from the Russian town of Eupatoria, dries up during the summer heats, leaving a thick stagnant slime, in which the sick, when medicine has failed to cure, plunge their affected bodies, and in its hot mire their pores distend, absorbing the saline gases, which are said to have a wonderful virtue for the purification of the blood. At the village on the lake called Sak, which is frequented by the bathers, a magnificent hotel has been erected, offering every luxury as an accompaniment to the *mud bath;* and among the Russian fashionables, the move—made up of the love of excitement, and the superstitious search after health, which in all countries carries men from the Abanas and Pharpars at their door to some distant Jordan—is all just now in the direction of the lake of Eupatoria.—*Athenæum.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Laporte University, Indiana.—The Professors in the Medical Department of this University are:—Anatomy, Dr. Richards, of St. Charles, Ill.; adj. Prof. Anat., Dr. Shipman, of Cortlandville, N. Y.; Theory and Practice, Dr. Brown, of Kalamazoo, Mich.; Mat. Med., Dr. Knapp, of Chicago, Ill.; Chemistry, Dr. Niles of Laporte; Surgery, Dr. Meeker, of Laporte; Midwifery, Dr. Hard, of St. Charles, Ill. The Medical Class, the present session, is said to number forty-four.

In a notice of this school, which has been sent to us, it is stated that Professor Hard, of St. Charles, Ill., was at Laporte at the opening of the course, and gave, besides a brilliant introductory, two lectures a day, and that he will return shortly, to go on with and complete his course.

—

Monument to Dr. Forry.—We are pleased to learn that it is proposed to erect a monument in Greenwood Cemetery, New York,

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to the memory of the late Dr. Samuel Forry. Subscriptions may be forwarded to W. E. Langley, 8 Astor House.

—

Cyclopedia of Practical Medicine.—This valuable work is advancing rapidly to completion; nineteen parts have been already issued, leaving only five more to finish it.

—

Clinical Class at Blockley Hospital.—We are informed that the class attending the clinical lectures at the Blockley Hospital numbers 290.

FOREIGN INTELLIGENCE.

Means of arresting Hæmorrhage from leech bites.—M. Morand has lately proposed the following plan for arresting hæmorrhage from leech bites:—He forms a small ball, of a mixture of olive oil and yellow wax, six parts of the first to one of the last, and after wiping the blood from the wound, he rapidly applies it to the bleeding orifice. Pressing on it with his finger, he then spreads it around. If adhesion does not immediately take place, and the blood continues to flow, he adds a sufficient quantity of the oily mixture to form a cake, two-thirds of an inch in thickness, covering all the leech bites. The first time M. Morand tried this plan was on a child four years of age, attacked with severe pleurisy, who had had ten leeches applied to the chest. Several of the leech bites continued to bleed in spite of various remedies that had been tried. The oil and wax mixture at once arrested the hæmorrhage.—*Journal de Méd.*

—

New Filling for Teeth.—By imitating, as nearly as possible, the constituent principles of the enamel of teeth, M. Osternaier has obtained a compound, which, at first soft, becomes hard after its introduction into the cavity of a decayed tooth, so that hollow teeth thus filled serve as well as sound teeth for mastication.

This compound is prepared as follows: mix quickly thirteen parts of pure and finely powdered caustic lime, with twelve parts of anhydrous phosphoric acid. This powder becomes moist during the mixture, and in this condition it is to be introduced into the cavity of the tooth, previously dried; and the surface moulded of the proper form. The mixture gradually changes into phosphate of lime, and becomes dry and very solid. It must be used within one or two minutes after being mixed. It remains to be seen whether its duration will correspond with its other advantages.—*Gazette des Hôpitaux*, June, 1844.

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On the Protective Influence of Vaccination.—"The general conclusions, drawn by Dr. Retzius, of Stockholm, from his observations of small-pox, and the effects of vaccination in Sweden, are these:—'The protection afforded by vaccination from the close of the second year of life against the contagion of the variolous poison, usually lasts unimpaired to the end of the thirteenth year or so; after this period it begins to lose its effect, and gradually becomes more and more uncertain on to the twentieth or twenty-first year of life. For the next four or five years, the disposition to the small-pox seems almost to have recovered its original integrity; and this state of liability continues unimpaired up to the age of forty years or so. At about this epoch of life, it begins to approach nearer and nearer to the limit of its existence—which it reaches, in the majority of cases, about the fiftieth year—the period when the general revolution of the human body commences to take place.'

"The practical inference to be drawn from these remarks is the propriety of repeating vaccination in about thirteen or fourteen years after its first performance. This advice is in accordance with the observations of the most experienced practitioners: it would be well if it were more generally acted upon."—*Medico-Chirurgical Review.*

—

Decomposition of Tinctura Opii by Ammonia.—It is of great importance for prescribers to remember that the addition of ammonia, either as carbonate or spiritus ammon. aromaticus, to mixtures containing tincture of opium or any salt of morphia, will, after some time, say twenty-four hours, precipitate the morphia in a crystalline form; so that if a mixture is made a day or two before it is taken, the patient may get several doses of morphia concentrated in the last portion left in the bottle, and fatal consequences may be produced. The presence of alcohol will prevent the precipitation.—*Chemical Gazette.*

—

Treatment of Dysentery in India.—Out of one hundred and twelve cases admitted, fifty-one deaths occurred, chiefly in patients

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who came to hospital either in the advanced stage of the acute or in the chronic form of the disease. In the first, calomel and opium, leeching, blisters, fomentations, blue pill, or the hydrarg. cum creta, combined with ipecacuanha and gentian extract, or with Dover's powder, or the acetate of lead and opium, or the chalk and opium powder, with anodyne enemata, or opiate suppositories, were the means used. In the latter, sulphate of copper and opium was found the most valuable remedy, in doses of from one to three grains of the former, and two to five or six grains of the latter, thrice daily, or even more frequently in extreme cases. In the successful cases, general or local bloodletting, or both. Twining's combination of blue pill, ipecacuanha, &c., calomel with ipecacuanha and opium, and, when much blood was voided, the acetate of lead and opium, from two to six grains of the former, and three to six of the latter, with diluted vinegar as drink, to prevent the acetate passing into the state of carbonate in the bowels. These, with the application of blisters, followed by light, astringent, bitter tonics during convalescence, nourishing diet, and port wine, were the principal means employed.—*Transactions of the Medical and Physical Society of Bombay.*

—

Antidote to Prussic Acid.—Messrs. Smith have experimented on prussic acid, and have found that a sulphate of iron, consisting of four proportions of the per-sulphate, and three of the proto-sulphate, combined with a proper proportion of an alkaline carbonate, will neutralize hydrocyanic acid, the resulting compound being the insoluble Prussian blue. 210 grains of the salt of iron, and 144 grains of the carbonate of potash are required to neutralize 56.8 grains of real prussic acid, but they recommend that when used as an antidote, not less than three times the theoretical quantity should be given, as from the presence of food, mucus, &c., in the stomach, it is improbable that the antidote would mix immediately with the poison at every point; so that to render the action more certain, a large excess is advisable, more especially as this would be attended with no evil consequences, as the only effect that could follow an excess, would be the formation of sulphate of potash, and an insoluble mixture of proto-carbonate and peroxide of iron. Should there be reason to believe that the stomach contains much free acid, which might interfere with the decomposition of the salt, a dose of magnesia should precede the exhibition of the antidote, but not otherwise.—*Med. Times*, Oct. 12, from *Lancet.*

—

Management of Blisters.—Dr. Robertson gives the following directions for the management of blisters, as the result of nearly seventeen years' experience: the blistering plaster should be spread thinly on paper or linen, not sprinkled over with powdered cantharides on the surface: but instead thereof, a few drops of olive oil rubbed on it and allowed to remain. Used in this way, he says, the blister acts speedily, and without causing irritation: with him it never produces strangury. He objects to a blister spread upon leather, because the leather, by the heat of many parts of the body, becomes dry, partially crisp, and with difficulty adheres to the skin, and thereby prevents it from acting well and generally over the whole part intended to be blistered. The blister should be spread thinly, because the outer surface only is efficient; and when it is used in a thick layer, it becomes irregular, and consequently partial in its operation. The powdered cantharides should not be sprinkled on it, because they will not add to its efficiency, as they act but slightly on the skin; but the active principle of the Spanish fly being soluble in olive oil, affords a reason for the use of the oil on the surface of the blister. Dr. Robertson concludes by remarking, that every one can make this blister for himself, of the commonest materials at a very trifling expense, and, if this be any recommendation, it will act three, four, or six times, if uninjured, and the oil gently renewed on its surface.—*Ibid.*

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Paralysis of the Bladder, cured by the administration of the Secale Cornutum.—Dr. Duhamel communicated to the *Société de Médecine Pratique* the following case:—Madame M., ætat 40, was taken with ischuria vesicalis and pain in the hypogastrium; uterus in its normal position; on using the catheter, from three to four quarts of a limpid, inodorous urine were removed. This operation was repeated for three days, in the hopes that the contractility of the bladder would return; but as this did not take place, a large blister was placed on the hypogastrium, and two others on the upper and inner part of each thigh; no amelioration followed. I, therefore, following the

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example of Dr. Guersant, jun., who administered to some old men, after the operation of lithotrity, the secale cornutum, so as to enable the bladder to reject the remains of the calculus, prescribed ʒss. of this substance, to be taken daily, in four doses. No effect having been produced, ʒj. was given, per diem, and soon after the bladder began to contract; at first, only a quarter of its contents was evacuated, the day after, one-half, and the third day, the whole; and it has continued to do so ever since, though a fortnight has now elapsed.—*Ibid.*

—

Caoutchouc as a remedy for Toothache.—Caoutchouc, becoming very smooth and viscous by the action of fire, has been proposed by Dr. Rolffs, as an excellent remedy for filling hollow teeth, and alleviating the toothache proceeding from that defect. A piece of caoutchouc is to be put on a wire, then melted at the flame of a candle, and pressed, while warm, into the hollow tooth, and the pain will disappear instantly. The cavity of the tooth should be first cleaned out with a piece of cotton. In consequence of the viscosity and adhesiveness of the caoutchouc, the air is completely prevented from coming into contact with the denuded nerve, and thus the cause of the toothache is destroyed.—*Med. Times.*

—

Tincture of Cantharides in Eczema and Psoriasis.—Dr. Seik has employed tincture of cantharides with success in several cases of eczema and psoriasis, which had resisted various remedies. Some of the patients, after having suffered with these eruptions from one to four years, were cured in from three to seven weeks by three drops of the tincture several times a day, increasing the dose one drop daily.

—

Baths and Washhouses for the Poor.—A public meeting has been held in the city of London, under the presidency of the Lord Mayor, for the purpose of forming an Association to furnish the labouring poor with Baths and Washhouses. The intention, as stated by the Bishop of London, is, that the workingman shall have a bath to himself, where, at a price within his means, he may perform his ablutions in private; and that his wife may have a public washhouse to resort to, where, for the washing of her family's clothes, she will be supplied with hot and cold water, tubs and other conveniences, at the rate of 1d. for every six hours—besides the use of a drying-room, furnished with all necessaries. A similar establishment, on a limited scale, has been for some time in operation in the town of Liverpool, and with such manifest benefit, that the corporation have determined to extend the system. We are friends to all proposals of the kind in favour of the working man; and we think that charity has got upon the right track, when she gives in forms that raise the moral man, while they comfort the physical.—*Athenæum.*

—

Testimonial to Dr. Watson, of London.—The friends and former pupils of Dr. Watson presented to him on the 13th of November last, a handsome candelabra in testimony of the esteem and respect which they entertain for him as a teacher and practical physician. Mr. Lonsdale, in an appropriate address, enlarged on the merits of the learned physician, and alluded to the great esteem in which Dr. Watson's lectures were held by the profession.—*Lancet.*

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Statue of Sir Astley Cooper.—A statue to the memory of Sir Astley Cooper has recently been placed in St. Paul's cathedral. It was raised by subscription confined to the profession.

—

Medical Students in London.—It is stated in the *London Lancet* of the 2d November, that the number of medical students in London, is fewer this season than at the commencement of any previous medical year.

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Obituary Record.—Died, suddenly, at Edinburgh, Nov. 14th, Dr. John Abercrombie, well known in this country by his admirable works on the Diseases of the Abdominal Viscera, on the Diseases of the Brain and Spinal Cord, and on the Intellectual Powers and the Investigation of Truth. His death was caused by laceration of one of the branches of the coronary artery.

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TO SUBSCRIBERS.

Our Subscribers will observe that Brodie's Lectures have a *distinct paging*, and they may be separated and bound by themselves.

We must again state that Watson's Lectures are complete, notwithstanding that by an *error in the paging* there appears to be a deficiency between the first and second Lectures.

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THE

MEDICAL NEWS

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VOL. III. FEBRUARY, 1845. No. 26.

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CLINICS.

WILLS' HOSPITAL.

Service of Dr. Hays.

Report for the quarter ending Dec. 31st, 1844.

Patients in the hospital on the 1st October,

with diseases of the eyes,	22	
with diseases of the limbs,	1	
		—23
admitted during the quarter		
with diseases of the eyes,	25	
with diseases of the limbs,	4	
		—29
Making the whole number under treatment during the quarter,	52	
There were discharged		
" cured,	22	
" relieved,	4*	
" eloped,	2†	
" removed	2	
		—30
Leaving in the house on the 31st Dec.	22	

* Three of these were retained as out-door patients and have been since cured.

† These were both nearly cured.

Of these, twenty are labouring under diseases of the eyes, and two under diseases of the limbs.

The number of out-door patients prescribed for at the Hospital, was 18, of whom 7 were cured; the rest remain under treatment.

The operations during the quarter were,

For Cataract, 5
" artificial pupil, 2

One of the operations for *cataract* is worthy of notice from the advanced age (85 years) of the patient, and the speedy and perfect restoration of vision which took place. On the tenth day he was able to read a newspaper with facility, and when discharged five weeks after the operation, he could read the *smallest type* without difficulty.

One of the operations for *artificial pupil* was on a man 34 years of age, with central opacity of both corneæ, resulting from an injury sustained whilst engaged in blasting rocks, eight months previously to admission into the hospital. The cornea of the left eye is entirely opaque, except a small segment at the upper part, which is completely covered

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent GRATUITOUSLY *to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for February.*

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by the upper lid, and the opacity extends some distance above the margin of the pupil, so that even when the lid is raised with the finger he cannot distinguish objects.

The opacity of the left cornea also covers the pupil, but it is less extensive than in the other eye. The upper and outer portion of the cornea is clear, and also a very small segment of the lower. There is, however, synechia anterior, at the lower and inner part of the cornea, and a band of lymph extends from the outer edge of the iris, near the median line, to the point of adhesion between the iris and cornea. The patient was unable to find his way about by himself.

On the 21st Oct. Dr. Hays made a small incision in the upper and outer margin of the cornea, with a Wenzels' cataract knife. Through this opening a small silver hook was introduced, and the iris drawn out and strangulated in the wound. Slight inflammation supervened, which readily yielded to treatment, and at the present time the patient can tell the time of day by a watch, and has useful vision. He is still in the hospital, and regularly improving.

The second operation for *artificial pupil* was in a man 22 years of age, whose right cornea was entirely opaque, and slightly staphylomatous; and his left cornea opaque, except the lower segment. The opacity extended below the margin of the pupil, when the eye was exposed to daylight, so that the patient could not see objects at such times; but in the dusk of evening, or in a moderately lighted room, the pupil dilating, he had imperfect vision. On the 21st of October, Dr. Hays made a small puncture with a cataract knife at the lower margin of the cornea, close to the sclerotica; and inserting a small silver hook in the opening, drew out the iris leaving it strangulated in the wound. Some congestion of the cornea followed the operation, with cloudiness of the cornea, which has since disappeared, and the patient has now very useful vision, and it is still improving. He can at present promptly tell the time of day by the watch, and distinguish letters of a quarter of an inch in length.

A case of photophobia with lachrymation was admitted on the 11th Dec., which also appears worthy of notice, from the length of time which it had resisted treatment, and its speedy cure after admission into the hospital.

The patient, a lad 19 years of age, a jeweler, whilst working at his trade, was struck in one eye by a small fragment of a steel tool, *four months previously;* excessive lachrymation and intolerance of light followed, which resisted various remedies, under the treatment of different physicians. When admitted, his lids were swollen, the lachrymation and photophobia were extreme, but with no inflammation of the eyeball. The patient was purged on the day of his admission, and on the 13th Dec., a stick of nitrate of silver was passed over the external surface of the upper lid. Increased swelling of the lid followed the next day, which gradually abated, and on the fourth day the lachrymation and photophobia had so nearly disappeared, as to give grounds to hope that in two or three days more he would be well enough to be discharged. The symptoms, however, returned, and on the 20th Dec., the caustic was again applied, with the same results, except that the relief from the application was permanent, and the patient was discharged on the 1st January, completely cured.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Animal Magnetism.—M. Brachet may be justly considered high authority on all topics connected with the phenomena of innervation, in the state alike of disease and of health. His great experience and clear-sighted practical sagacity entitle his opinions to universal respect. As a matter of course, he, like other medical men of experience, has seen something, and read more, of the vaunted marvels of Mesmerism, as it has been revived of late years by *Dupotet, Elliotson,* and others. Let us hear what judgment he has formed on the subject.

"From the Magnetism of Mesmer has arisen that other jugglery, denominated Animal Magnetism. Twenty times beaten down by science, and reason and facts, every now and then it has again lifted up its head, more ridiculous and amusing, indeed, than dangerous. We do not, however, mean to deny the effects which may be induced in persons of highly nervous constitutions by the *passes* and other grimaces that are usually practised. In the magnetic stupor of the animal energies that is sometimes induced, the entire nervous system is compromised; and this influence may unquestionably appease pain and spasmodic contractions for a time, by acting powerfully on the imagination. We can readily conceive the possi-

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bility of this; and certainly there is no lack of cases of alleged cure in hypochondriasal, as well as in many other ailments. Although we have heard of such, we have not ourselves met with any well-authenticated examples. In our opinion, this Animal Magnetism, even when divested of all the apparatus of Charlatanry, is on the whole more likely to do harm than good in the disease now under consideration (Hypochondriasis). If such be our opinion of Magnetism, we need scarcely say that we equally discredit all the recorded wonders of Somnambulism, the exhibitions of which are now almost entirely limited to rogues, whose only object is to attract the public notice, and rob their silly dupes.* These distant voyages without moving from off one's chair, these divinations, these transpositions of the senses, &c., are only so many clever tricks contrived to amuse the weak and entrap the foolish. It may so happen that a poor silly hypochondriac, who is strongly prepossessed in favour of this culpable jugglery, appears for a time to derive some benefit to his health; but then it is only from his becoming the dupe of his credulous fancy, and not from any direct or actual sanative influence bestowed."

We observed in a recent number of the Medical Gazette a quotation to the same effect, of the opinions of the celebrated *Müller*, of Berlin, on the subject of Animal Magnetism. How long will any men of education allow themselves to be imposed upon by the juggling tricks of clever rogues, and the paid-for testimony of credulous women? Medical men, at all events, should know better; for they must have studied the history of the nervous system and its functions only indifferently well, not to be aware that many startling, and not easily explicable, phenomena are apt to occur during the progress of some of the neuroses.—*Medico-Chirurgical Review.*

* Within the last few weeks, the mountebank mummery of MM. *Marcillet* and *Alexis*, who were fleecing the West-end ignoramuses at the rate of five guineas for every private *seance*, has been covered with the ridicule and contempt which it deserves, and these knaves have been *chassés* from the metropolis, in consequence of the clever exposure of their lying and dishonest tricks.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Emigrant Physicians.—It appears from a table recently published, showing the number of emigrants arrived in the United States, during the last eight years, their occupations, &c., that the number of physicians was 217.

—

Rhode Island Lunatic Asylum.—A farm of from 50 to 100 acres, situated about half way between the city of Providence and Pawtucket has been purchased as a site for this Institution. The location is said to be a good one, and suitable buildings are soon to be erected.

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Medical School of Harvard University, Boston.—The number of students the present session is 157.—*Boston Med. & Surg. Journ.*

—

Bershire Medical Institution.—145 students matriculated at the late course of lectures in this school.—*Ib.*

—

Castleton Medical College.—The degree of M. D. was conferred on 21 students at the close of the late lecture term—*Ib.*

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Mortality in Boston.—In the city of Boston the past year, the number of deaths was 2241; of which 1109 were of children under five years of age. The number of deaths from fevers of various kinds 458, including 75 of typhus, 132 of lung and 229 of scarlet fever.—*Ib.*

FOREIGN INTELLIGENCE.

Offensive Breath.—Dr. Wigan observes that this is sometimes caused by the formation of a peculiar chronic abscess in the tonsils, which continues for years, gradually ulcerating, and allowing the occasional discharge of a small quantity of a very offensive matter. This Dr. Wigan treats by inserting into it a hooked-shaped knife, cutting on the inner edge only, the drawing of which towards the operator lays the abscess open, without any fear of danger accruing. The incision should be very free. A gargle of tincture of myrrh, and port wine, may be used afterwards, and it may perhaps be requisite to touch the part with caustic. As a preventive measure, Dr. Wigan recommends the habit of splashing the neck, and behind the ears, with the coldest water that can be obtained.—*London Med. Gaz.*

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Stethoscopic sound produced by Tænia.—Prof. Piorry relates the case of a woman

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affected by Tænia in whom, on auscultation, a peculiar characteristic sound was heard, very different from, and weaker than, that produced by borborygmi. This was heard by several persons, and all were unanimous in stating, that it was evidently produced by a slender body moving about by jerks, which lasted several seconds. According to one, it resembled somewhat the hydraëric murmur, with very minute bubbles, and was tremulous; according to another, it was like that caused by a small body moving rapidly in a liquid; to a third, like the sound of the rolling of a carriage, heard at a distance; to a fourth, like a peculiar tremor, or undulation. This noise was heard during several days, but only when the patient felt the tænia move in the intestine. Finally, more positive results were obtained by immediate, than by mediate, auscultation.—*Med. Times*, 16*th Nov.* 1844.

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Stricture of the Urethra.—In the Parisian hospitals this affection is treated in various manners; thus, Dr. Jobert, ere he has recourse to dilatation, introduces an aluminated bougie; Professor Roux passes sounds, fixing them in the bladder, and increasing gradually their size. Dr. Lisfranc rejects small sounds, and makes use of a large one at once, pushing it slowly onwards until, after a day or two, it enters the bladder where he fixes it; he likewise recommends, to prevent relapses, that a sound be passed for some time after the cure. Professors Blandin and Gerdy increase gradually the size of the sound, leaving that introduced daily into the bladder, only an hour or two in that organ. Dr. Chassaignac has modified this latter method; he takes a number of gum-elastic bougies, and begins with one which enters freely into the bladder; this done, holding the one, next in size to that in the urethra, in his right hand, he requests an assistant to withdraw the latter, and ere the parts have time to contract, introduces the former; this method is continued until the bougie appears to pass the stricture without difficulty; the operation is then ended, the last being kept *in situ* a longer or shorter time, according to the pain it produces, and is then removed by the patient himself. Care must be taken to avoid hæmorrhage; this accident, according to Dr. Chassaignac, may be productive of very serious consequences. This last method is mentioned in a pamphlet, published by Dr. Beniquê; and Dr. Rognetta, editor of the "*Annales de Therapeutique*," has twice had recourse to it, once conjointly with Dr. Fournier Deschamps, eighteen months back, and a second time alone, about six months ago; both patients were cured after two months' perserverance in this method.

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Artificial Anus successfully treated by Prof. Blandin.—A young lad was brought to the Hotel Dieu of Paris, with strangulated bubonocele. The danger being imminent, the operation was performed immediately, and about 7½ inches of the small intestines were found to be the seat of gangrene, and were consequently opened, in order to give free egress to the feces. Six days after, all the sphacelated portion of the intestine had sloughed off, leaving, after it, an abnormal anus, through which all the contents of the canal escaped; and, as the opening was at the upper part of the intestine, this took place ere a sufficient quantity of nutritive matter was absorbed, to supply the wants of the economy. The consequence was, that the patient grew weaker and weaker, every day, and evidently would ultimately fall a victim to the infirmity, if the obstacle to the passage of the chyme were not destroyed. Compression of the septum was tried, without any beneficial result; Professor B.'s *enterotome* was successfully applied, giving rise to no accident. The opening having considerably decreased after the destruction of the septum, in order to obtain its occlusion, the edges were cut off, and the twisted suture applied, in three different places; but, whether because the patient was not sufficiently docile, or from some other cause, it succeeded only partially, leaving still an opening, which was finally closed by keeping the cut edges in contact, by means of the instrument proposed by Dupuytren. This took place on the 16th August, and the cure was complete on the 8th October: but as the passage of the gases could still be felt under the cicatrix, to obviate all accidents, the lad wears a bandage.—*Med. Times*, Dec. 7.

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Radix Ononidis as a remedy against Amenorrhœa.—Dr. Bernay states, that the above is a very safe remedy, and was formerly much vaunted in cases of obstructed menstruation. It was usually given in the form of powder. Its action is quite surprising in many cases, particularly if some

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gentle purgative be administered previously. The efficacious principle of the root seems to reside in an extractive substance, of a roughish taste, and which increases the flow of saliva. He prepares it in a manner similar to that usually adopted with the resin of jalap. No alkaloid is contained in the root. This remedy has also been tried by other practitioners with the most complete success.--*Ibid.*, from *Buchner's Repert. für Pharm.*

—

A form of Dyspepsia.—Dr. WIGAN describes in the *London Medical Gazette*, a form of dyspepsia, which is caused, he says, by an accumulation of food in the œsophagus, from defective power in the œsophageal plexus of nerves, and also from a constriction in the orifice of the diaphragm. The symptoms are: flatulence and a sense of oppression immediately after a full meal; the distress becomes excessive, there is a sense of constriction at the pit of the stomach and at the sides of the neck, and exercise causes regurgitation of the food unchanged, or, at least, of a large quantity thereof. If the food remains, symptoms resembling angina pectoris succeed; there is an intermitting pulse; pain in the sternum, which becomes exceedingly tender to the touch, and a general feeling of lassitude, with an aching of the arms similar to that which arises after taking opium. Eructations are frequent and excessive, after each of which the pulse becomes regular, and there is an universal sensation of indescribable uneasiness. There is also a feeling in the throat like globus hystericus. The treatment is, to eat little, and often; take active exercise, and undergo an occasional fast of twelve or fifteen hours. Warm laxatives and condiments are also advisable. The stomach does not partake of the disease.

—

New method of dressing Wounds and Ulcers.—By Dr. LAUGIER.—This method consists in applying, on the surface of the wound or ulcer, a solution of gum arabic, and on it a bit of goldbeater's skin; thus dressed, a wound, an inch in diameter, was reduced in the space of eight days to one-third or one-sixth of an inch in extent. Cicatrization took place so rapidly, that the granulations, covered with a thin epidermis, were as numerous and visible as before, but could be touched without causing pain. A wound, produced by amputation of the breast, highly inflamed, about four and a half inches in length, and one and a half inch in breadth, under this treatment, healed rapidly, and purulent secretion did not take place. The author proposes applying this method to a wound left by amputation of a thigh.—*Med. Times.*

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Preservation of Bodies for Dissection.—In the *London and Edinburgh Monthly Journal Med. Sci*,—Dr. NICHOL states, that in his occasional pathological examinations, he has for many years used a combination of the nitrate of potash and bichloride of mercury, with the most satisfactory results. He uses from five to ten grains of the bichloride dissolved in a pint of water, and to this solution he adds as much of the nitrate as it will dissolve. While the nitrate preserves the colour, the quantity of bichloride is sufficient to prevent the incursion of maggots, and the process of decomposition is thus effectually retarded for such a length of time, as completely to answer every requisite purpose. Dr. Nichol states, that, to the naturalist, this solution is invaluable, for if the skin of any animal be dipped into it, and afterwards dried, neither moth nor maggot will ever make any impression on it, nor will the colour of either hair or feathers be in the slightest degree injured or altered.—*Med. Times.*

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Excess of Fibrine in the Blood. By Dr. R. LATOUR and M. COLLIGNON.—The researches of the authors not only confirm the conclusions of Profs. Andral and Gavarret, but also establish a fact overlooked by them; viz.: that the modifications which take place in the blood, during acute inflammations, exist in the venous as well as the arterial system. To illustrate this, the following experiments were performed:—1°. A dog, five or six years old, was bled from the jugular vein and brachial artery (this latter being tied immediately after). The blood, thus obtained, was beat up separately; the fibrine was dried with blotting paper, and afterwards in a stove heated to 77° F; the quantity in the former case was: venous blood grs. xxiiss, arterial grs. xviij; in the latter; venous blood, grs. v., arterial grs. iv.—2°. Pleuro-pneumonia was produced by injecting a mixture of alcohol and water into the thorax; and, four days after, when the dyspnœa was excessive, the pulse at 190 per minute, the same quantity of venous

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and arterial blood was drawn from the animal; the former gave, in 100 parts: fibrine, dried with blotting paper, ℈ij.; in a stove, gr. x.; the latter, in 100 parts: fibrine, dried with blotting-paper, gr. xxxv.; in the stove gr. viij.—3°. A pointer, in its normal state, yielded: venous blood,—fibrine, dried by means of blotting-paper, 0.80 per cent; in a stove, 0.15 per cent.;—arterial blood,—fibrine, dried with blotting-paper, 0.60 per cent.; in a stove, 0.10.—4°. Same dog: pneumonia produced by an injection of ammonia; venous blood,—fibrine, dried with blotting-paper, 1.75 per cent., and arterial, 1.60; both dried in a stove, 1.60.—From these experiments, the authors conclude:—1°. That the quantity of fibrine, in the venous and arterial blood, increases as soon as inflammation declares itself.—2°. That the changes, which take place in the blood, are the consequence, not the cause, of the disease. This fact, which may have been deduced from the experiments of Professors Andral and Gavarret, is established beyond a doubt, by the foregoing observations, since the disease was produced by the authors themselves.—*Med. Times.*

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Spontaneous Expulsion of the Os Hyoides.—Dr. Rozat, of Bordeaux, sent to the French Acad. of Med., (Oct. 1st, 1844,) an account of a case in which the os hyoides was spontaneously expelled. The patient, a woman æt. 41, had been for five years affected with enlargement of the glands beneath the lower jaw, with slight cough and dyspnœa. These symptoms were followed by aphonia, pricking pains in the larynx, purulent sputa, colliquative sweats, attacks of suffocation, &c. One day after a violent attack of pain in the larynx with suffocation and cough, she expectorated the os hyoides. After this the symptoms gradually disappeared, and the patient recovered.

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New Method of ascertaining whether Venesection be indicated or not. By M. Polli.—Whenever lipothymia is caused by venesection, the blood drawn last from the vein coagulates rapidly; when, on the contrary, the effect produced is the re-establishment of the vital functions, the coagulum is formed sooner in the blood first drawn than in that towards the end of the operation. In order to ascertain this, receive with care a small quantity of blood at the beginning and towards the end of the venesection, and examine which becomes coagulated the soonest. If the former, it may be concluded that the operation is useful; if the latter, that it tends to weaken the patient, and consequently ought not to be performed; and, if both coagulate with rapidity, but especially the latter, bleeding is positively counter-indicated, even when the symptoms seem to require it. Finally, the author states that, to cure an inflammation, it is not necessary to bleed until the inflammatory crust disappears, but that it is indispensable to cease venesection, as soon as the blood coagulates with great rapidity, as, by a series of experiments in different inflammatory disorders, he has proved that coagulation takes place much sooner when a great deal of blood has been drawn.—*Annali Universali di Medicina.*

—

Treatment of Gastralgia.—Dr. Ducros, of Marseilles, states that the most efficacious remedy in this disease, is the application of ammonia to the pharynx, by which an influence is exercised on the pharyngeal plexus, and subsequently on the par vagum.

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Faculty of Medicine of Paris.—The opening address, at the annual festival of the Faculty of Medicine (Paris), on the 4th November last, was delivered by Prof. Bouillaud. The subject was "the progress of Medicine in France during the last half century."

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Cancrum oris.—Dr. Risdon Bennett has administered chlorate of potassa internally with great advantage in this disease.

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Horrible case.—Mr. Eager, of Guildford, was engaged to attend a woman in her first confinement, but as he lived at some distance, and labour progressed very rapidly, a soi-distant surgeon, residing in the village, was called in, just as the child was born. A midwife arrived soon afterwards. The doctor began fumbling under the bed-clothes, and after a time, exclaimed he could not recover the after birth, and desired his female colleague to try her hand. She found a large lump between the thighs, at which she and the doctor pulled, but in vain; it was, she said, a very hard job. The doctor then called for a pair of scissors, and cut away at the lump, the midwife taking his place when his hand became tired, until at last they succeeded in excising the inverted

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womb, with the placenta attached; of course, Eager arrived.—*Med. Times*, from *Lancet*.

—

Lockjaw from cutting out a corn.—Dr. Caspar, of Berlin, relates, in his *Wochenschrift fur die gesammte Heilkunde*, a fatal case of tetanus caused by extirpating too deeply a corn from the little toe.

—

Ear-ache and deafness from larvæ in the ear.—Dr. Michalski relates in the *Medicinische Zeitung*, the case of a peasant who suffered from excruciating pain in his ears, with deafness. On examination, Dr. M. found the external meatus of each side completely filled with living larvæ. He introduced into the meati, empyreumatic animal oil, and then with a curette he extracted about 200 larvæ from each ear. The pain and deafness at once disappeared.

—

Facial Neuralgia.—In the *Lancette Francaise*, is detailed the case of a tobacconist, who presented himself a short time back at the consultation of M. Velpeau, suffering intensely for eleven years with facial neuralgia. He bore unequivocal marks of blisters, moxas, and setons having been applied in great numbers, and had, moreover, taken a prodigious quantity of Meglin's pills. Some surgeon had attempted a cure of the complaint by dividing one of the branches of the tri-facial nerve, and he had extracted (as has often happened) all the teeth of the upper jaw on the affected side. After examining him it was found impossible to devise any method that had not already been fruitlessly employed, when M. Pajol, a young physician, thought of asking him if he had ever been the subject of lues venerea. He admitted that he had had a bubo, for which he had not undergone a specific treatment. Upon this intimation, M. Velpeau prescribed for him a treatment with the proto-ioduret of mercury. By the employment of this remedy the man recovered, and did not again suffer from neuralgia. It is very probable that many osteoseopic pains are nothing else than syphilitic neuralgia, particularly when it is remembered that they sometimes yield in a miraculous manner to the application of several blisters to the part affected, as M. Ricord has fully established; and that, where the blister has not succeeded, a deep incision over the seat of pain has answered the same intention. The efficacy of repeated blisters against neuralgia is well known, and Dr. Marchal, of Calvi, has shown that in certain cases of cranial neuralgia, a deep incision of the parts has had a most prompt and sedative effect on the pains.—*Med. Times.*

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Tenotomy in deviations of the Spine.—Prof. Velpeau, in a report read to the French Academy of Medicine on the 5th of November last, on M. Malgaigne's memoir on this subject, (see Med. News, July, 1844, p. 57,) states as the result of the examination of several patients by the members of the committee, that those patients were not cured.

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Experiments on Decapitated Persons.—A paper was read in Dec. last before the French Acad. of Sciences, containing an account of some experiments on decapitated persons, was received from M. Bonnafont, surgeon-major of the army. M. Bonnafont states that, being at Algiers, in 1832, he read in a journal that a surgeon named Wilson, had affirmed, as the result of his experiments, that, in the head of a decapitated person, the sense of hearing retained its power for a minute and a half. Wishing to put this assertion to the test, M. Bonnafont took advantage of two executions to try the experiment;—"Assisted," he says, "by the late Sub-Intendant de Falloy, who was desirous of taking part in the experiment, I had a stool placed near the instrument of death, and upon it a vessel filled with pounded plaister. Immediately after the first execution, which was performed with remarkable celerity, the executioner took the head, and placed the bleeding part upon the plaister, so as to prevent the further flowing of blood. I then placed my mouth to the ear of the decapitated Arab, and called him by name; whilst M. de Falloy watched the eyes. In vain did I shout for a minute and a half; neither the eyes nor any of the features showed that the hearing retained the slightest degree of sensibility. The same experiment was repeated at the second execution with a speaking-trumpet, and with the same result." M. Bonnafont concludes by stating that, after the complete separation of the head from the body, there must be, if not instant death, so great a syncope that death arrives without any of the senses retaining the slightest degree of force.—*Athenæum.*

—

Change of Colour of the Hair.—The following very curious case was communicated

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to the *Societé Medico-Pratique de Paris.* Miss ——, æt. 16, tall, and well-made, presented all the characteristic symptoms of chlorosis, and, at the same time, a phenomenon which as yet has never been mentioned. This young lady, who had, previous to her illness, light brown hair, remarked to her great grief, that, ever since, she had begun to grow gray, and that this increased more and more. On examination, a great quantity of her hair was found to be white, for about one a half to two inches, assuming afterwards its natural hue, which gave to her head a curious pie-bald colour. Preparations of iron were administered, and as the general health improved, the local symptom disappeared, proving, that, in chlorosis, not only the tissues become paler, but that likewise the hair may be deprived of its pigmentum.—*Med. Times*, Dec. 21, 1844.

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The seven Books of Paulus Ægineta.—The first volume of this important work translated, with a valuable commentary by Francis Adams, has just been issued by the Sydenham Society, and has reached us. It is of itself worth the annual subscription. The work is to be completed in three volumes.

—

Traumatic Tetanus successfully treated by strong Doses of Tartar Emetic.—Dr. Allut, of Alais, after having employed, in a case of traumatic tetanus, without any beneficial effect, general and local bleedings, opium, blisters, musk, &c., prescribed (the idea was suggested on reading an article in the *Dictionnaire du Medicin Practicien,*) as follows :—R. antimon. tartar., grs. viij.; infus. flor. arnic. montan., ℥iv.; syrup. papaver., ℥j. M. ft. potio. coch. magn. q. q. hora sumend. This draught was continued for a week, during which time the patient took nearly ℥j. of tartar emetic, without having vomited once or the bowels being acted on more than once per diem.—*Med. Times*, from *Journal de Chirurgie.*

—

Case of Singultus of several years' standing cured by Acupuncture, by Dr. Emiliani.—The patient was a female, 30 years of age, of an irritable temperament (menstruated 17 years ago). She had suffered from singultus, with rare and short intermissions, for a period of seven years, and had undergone different modes of treatment, without any beneficial result. When she placed herself under the care of the author, she appeared rather emaciated, but not particularly affected in her general health. Thus, the disease was considered of nervous origin. The author performed acupuncture at the upper and middle part of the epigastric region, and used for this purpose from four to eight needles, which were left in the part from an hour and a half to three hours. The hiccough became less severe immediately that the needles were introduced, but returned as soon as they were removed. On the needles being re-introduced in greater number, and left there for a longer period, the hiccough was not perceived during the whole time of the operation ; it returned afterwards, however, but with less violence. For a month, this treatment was continued ; acupuncture was repeated eight times, and the hiccough was at last so completely eradicated, that, for the last three years, the patient has enjoyed complete health, and never perceived any re-appearance of her former complaint.—*Med. Times*, from *Schmidt's Jahrbuch.*

—

Miss Martineau and Mesmerism.—Mr. Greenhow, the medical attendant of Miss Martineau, has addressed the following note to the editor of the *London Medical Gazette.*

"In the notice of Miss Martineau's case, which appeared in the *Medical Gazette* of last week [see last No. of *Medical News*] it is assumed that an erroneous judgment has been formed as to the nature of her complaint, and that her age is different from what it really is.

"As the medical adviser of Miss Martineau during the last five years, I have to request that you and other members of the profession may suspend your judgment, till a future period, when I shall be, probably, able to prove that neither in diagnosis nor prognosis (as to the final issue) of her complaint, have I been incorrect."

—

Missing Books of Galen's Anatomy.—It is stated in the *London Medical Gazette*, that the nine missing books of Galen's principal anatomical work, have lately been discovered at Oxford.

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Obituary Record.—The English Journals just received, announce the decease of Dr. James Home, late Prof. of the Practice of Medicine in the University of Edinburgh, from which he had retired a few years back.

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THE

MEDICAL NEWS

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VOL. III. MARCH, 1845. No. 27.

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CLINICS.

PENNSYLVANIA HOSPITAL.

Surgical Wards.

Service of Dr. RANDOLPH.

Cases admitted into the Surgical Wards of the Penn. Hospital, since Dec. 21, 1844.

Abscess in scrotum, 1; do. in thigh, 1; burn, 7, (died, 1); caries of tibia, 1; concussion of brain, 1; contusions, 3; dislocation, compound, of astragalus, 1, (died, 1); fistula in ano, 3; fracture of nose, 1; do. of lower jaw, 2; do. of clavicle, 1; do. of forearm, 2; do. of radius, 5; do. of metacarpal bones, 1; do. of thigh, 3; do. of leg, 2; do. of fibula, 1; do. compound, of knee-joint, 1; gonorrhœa, 4; hydrocele, 1; inflammation of axilla, 2; do. of knee, 1; do. of arm, 1; iritis, 1; paronychia, 1; poisoning from laudanum, 1; sprain of ankle, 1; syphilis, 5; tumour on scalp, 1; ulcer, 7; wounds, gunshot of hand, 3; do. contusion of scalp, 3; do. incised of foot, 2; do. do. neck, 1; do. do. face, 2.—Total admission, 74; deaths, 2.

F. W. SARGENT, M. D.,
Resident Surgeon.

Feb. 21, 1845.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Miss Martineau's Marvelous Mesmerization unmystified.—"A Medical Report of the Case of Miss H—— M——," has recently been drawn up and published by Mr. T. M. Greenhow, for general circulation, with "*the entire concurrence of the patient*"* [!] "scarcely any one," Mr. G. adds, being really "ignorant of the general character of the precise causes of her continued suffering." The following condensation of this report, which we copy from the *Lancet* of Jan. 4th, will furnish our readers with the prominent details.

"In a letter from Venice, dated June 14th, 1839, Miss M., æt. 37, first communicated to me that, during the preceding year, she had been sensible of a 'great failure of nerve and spirits, and of strength.' Frequently she experienced sharp pain in the uterine region, the catamenia occurring every two or three weeks, and a very irri-

* Miss M. has since stated that Dr. Greenhow was mistaken in supposing he had her entire concurrence to his laying his statement before the public.

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tating discharge, of a brown or yellowish colour, taking place in the intervals. The irregular uterine discharges continued, occasionally mixed with clotted blood; and she suffered from many distressing symptoms, evidently arising from uterine irritation; 'inability to stand or walk, aching and weariness of the back, extending down the legs to the heels;' 'tenderness and pain, on pressure, in the left groin, extending by the hip to the back. The spirits became much depressed, and the power of enjoyment was gone.' At the same time, 'a *membranous substance*, like the end of a little finger,' was discovered projecting from the os uteri, described in the following terms, by a friend who accompanied Miss M. on her journey. 'Twice there has been a discharge, similar in colour and substance, to blood. Two days ago it was found that, from the same passage, (vagina,) was protruding the extremity of a solid substance, totally insensible, of a reddish-brown colour, in form resembling the end of a bullock's tongue, with a decided edge or point; it can be pushed back without difficulty or pain, but it falls again.' Either prolapsus uteri or a polypous tumour, of a fibrous nature, was conjectured to be the occasion of these appearances. From Lucerne, July 6, 1839, Miss M. wrote respecting one character of the complaint, (*retroversion of the uterus*,) which took place:—'I cannot walk without injury, but keep my feet laid up, and my knees somewhat raised, as the easiest posture. I began to use the syringe, as you and Dr. Nardo (an Italian physician) recommended: it was a great relief, but, in *three days*, there was *no room for it*, and, on this account, I have never been able to use it since. I discontinued the sponge, finding it irritating, as you say, and it is not now *necessary*.' The sponge was used as a pessary, and the syringe for injecting tepid fluid into the vagina. The occupation of the vagina, by the enlarged and retroverted uterus, I wish to be held in view.

"In July, 1839, Miss M. arrived in Newcastle and placed herself under my care, suffering from the various morbid nervous sensations already described, moderate walking exercise being attended with great inconvenience. The whole symptoms were referable to some derangement of the uterus, which, on examination, was found large, retroverted, and fixed low down in the vagina, the os and cervix uteri occupying the anterior part of the cavity, and the body and fundus of the organ passing horizontally backwards, till the latter approached the sacrum. The enlarged uterus thus occupying the antero-posterior diameter of the pelvis, pressed respectively against the urethra and neck of the bladder and the lower part of the rectum, and this pressure often caused great uneasiness. While the fundus uteri extended backwards, towards the sacrum, the cervix was bent downwards behind the pubes, nearly at a right angle, and, hanging from the lip was a small polypus, which was soon removed, but without alleviation of the symptoms. I was assured, by my patient, that the projecting body which showed itself at Venice was different from, and much larger than this small polypus; and though the os uteri was not dilatable with the finger, and, from its preternatural position, was in a very unfavourable condition for the exclusion of any body contained within the uterus, I for some time hoped that another and larger polypus might again appear. Warm baths and ergot of rye did not promote this object, and soon only appropriate palliatives were employed.

"The tenderness in the left groin was somewhat relieved by leeches, but total rest soon became absolutely necessary, and the nervous discomfort indicated recourse to opiates, used in great moderation, but without much relief being obtained. Subsequently, oppressive retching supervened, and much difficulty in micturition, and in emptying the bowels, attended the pressure of the uterine tumour, as well as the distressing pains frequently extending to the heels. The abdomen became considerably distended, from flatus and other contents; for the uterus could never be felt above the brim of the pelvis, though it doubtless, by pushing the viscera upwards, in some measure, produced a general enlargement of the figure. Not unfrequently, although aperients or injections were used, a gradual accumulation in the bowels took place, giving rise to increased distress, requiring active purgatives. The constant aching in the back rendered it painful to rest upon the sacrum, on the sofa; so a prone position was adopted.

"Little variation took place in the symptoms, or in the affected organ; and, in 1840, I stated the case to Sir Charles M. Clarke, who thought that rest and palliative treatment—the general health being carefully maintained—could alone be depended on;

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but, in Sept., 1841, Sir Charles visiting this part of the country, after a very careful investigation, gave the following opinion in writing, dated September 30th. He says: 'I perfectly agree with you, that the disease was an enlargement of the *body* of the uterus; that the *neck* was perfectly healthy; although the majority of these enlargements of its body do not yield to external applications or to internal remedies: nevertheless, the disorder produces mechanical symptoms only, and *does not lead to any fatal result*, to which disease of the *neck* does lead. In an instance or two, I *have* known such complaints as Miss M.'s subside; and I would employ, for this purpose, the continued external use of iodine ointment,' but which my patient refused to carry into effect. Therefore, I proposed a course of iodide of iron, which, with short intervals, was persevered in till July or August, 1844. The distressing sickness was thus greatly mitigated, the appetite improved, and increased health and mental energy showed itself. The following, in September, 1843, was her own opinion of its effects at that time:—'I suppose I owe my much improved comfort mainly to the pills, (iodide of iron;) indeed, it is very great. The pulling and sinking—the mechanical troubles, as one may call them—of course continue; but the almost total absence of sickness, and the striking lessening of the 'distress,' are such a comfort to me!' Occasional examinations of the affected organs took place, but no change could be discovered, excepting the appearance of a membranous substance at the os uteri, which, generally, scarcely protruded beyond its lips, though occasionally described as larger, resembling the appearance observed at Venice, though smaller. It proceeded from the interior of the uterus, and had no attachment to the neck, the finger passing round it on all sides, naturally giving rise to the renewed supposition that the uterus contained a polypous growth, whose separation might be effected by time.

"On April 2d, 1844, I first detected a change in the uterus. The fundus was less fixed, and could be slightly raised from its position. The membranous pedicle remained.

"In June, Miss M. suffered much from indigestion, with loaded bowels. The symptoms proper to the organic affection, especially the distressing pain in the back, were increased; means were used to correct the visceral derangement, and a plaster with belladonna was applied to the sacral region, from which but slight relief was obtained. The unwonted symptoms of indisposition had subsided, when, on June 22d, the mesmeric treatment was commenced, of which a full account has been published in the *Athenæum*, by Miss M. From this time she ceased to be properly under my care, though her accustomed remedies were not yet laid aside; but, on September 4th, I carefully repeated my examination, and found, as on April 2d, the posterior connections of the uterus less fixed. The retroversion continues, but the fundus, which rests against the rectum and sacrum, feels looser, and admits of being raised to some extent with the finger in vaginam. It is less firm in substance, and the os uteri, to a certain extent, dilatable. Within, and slightly projecting from the os uteri, can be felt *two* substances, which convey to the finger a sensation as if two lumbrici, of moderate size, hung through the mouth of the uterus. These bodies are said, on pressure, occasionally to exude a reddish discharge. Miss M. informed me that the catamenia have resumed their natural course, and that the breasts have increased in bulk. The iodide of iron, and all aperients, have been discontinued, the bowels having lately acted with regularity. The use of opiates has been greatly diminished by enema, and, internally, altogether omitted. The sickness and other gastric inconveniences have ceased; the irritation in the rectum and neck of the bladder is no longer complained of; quietude has succeeded to irritability of the nervous system. 11th.—Comfortable, and opiates greatly diminished; other medicines unnecessary. Been in the garden, on a sofa cushion. 21st.—Reports favourably. Opiate reduced to a very small dose. Walked to the Haven, with no uneasy effects. Oct. 8th.—Can walk two miles and a half. Opiates discontinued. At first, the nights were bad. Last night she slept well, having taken a quantity of brandy and water. No irritation at the neck of the bladder. Some pressure still on rectum; otherwise feels well. Bowels regular.

"Dec. 6th.—Again carefully examined the uterus, which is *less fixed*. The retroversion continues, the fundus still extending towards the sacrum, while the os uteri approaches the pubes. The two membranous pedicles remain hanging out of the os uteri; the health quite good, and the cata-

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menia regular; the nervous pains and irritations all subsided. Renewed habits of activity seem to have greatly contributed to restore the symmetry of the abdomen.

"A glance at the prescriptions employed, excepting on particular emergencies, during the last three years, will show the error of supposing that Miss M. was in the habit of seeking relief in large and unmeasured doses of opium. (It is unnecessary to copy them in this analysis.)

"Knowing well that no malignant disease of the affected organ existed, I always believed that a time would arrive when my patient would be relieved from most of her distressing symptoms, and released from her long-continued confinement. The catamenial crisis appeared the most probable period, but I did not despair of this happening sooner; though she never willingly listened to my suggestions of the probability of such events, but seemed always best satisfied with admissions that she must ever remain a secluded invalid—an additional symptom of the morbid influence over the nervous system, of the class of diseases in which this case must be included. Oftener than once, I have used the expression that, probably, before long, Miss M. *would take up her bed and walk*. In this case, the advocates of mesmerism may try to find arguments in support of their opinions. But the experienced practitioner will have little difficulty in bringing the whole into harmony with the well-established laws of human physiology. The condition of the uterus, in December, 1844, is but the natural sequel of progressive improvement begun in April; and the time had arrived when a new and powerful stimulus only was required, to enable the enthusiastic mind of my patient to shake off the nervous symptoms."

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Quackeries of the Day.—While we treat the proceedings of these hydropaths, homœopaths and mesmerists with the levity their absurdities naturally produce, and while we are unable to refrain from indulging in a laugh at HARRIET MARTINEAU, Lord DENBIGH and OWEN AHERN, we submit these matters, from time to time, to our readers, to enable them to meet the senseless efforts of simpletons to judge and argue respecting such things, and to prevent medical men from giving way to the silly clamours of feeble-minded and uneducated persons, respecting subjects they cannot, by any possibility, understand. Plain, honest, matter-of-fact practical men may rely upon it that there are PRIESSNITZS, HAHNEMANNS and MESMERS nearer home than they think; and that the same insane yearning after novelties and wonders is well understood and cultivated by a certain class of practitioners. While we write this, an example presents itself. A lady, the mother of a family, and previously a person apparently prudent, calls attention to a child in a more dangerous condition than she suspects. We suggest the necessity of immediately sending for her regular medical attendant, but she replies, "Had not I better at once take her to 'some of them great doctors?'" naming one or two who have contrived to acquire this kind of character, at the expense of their less noisy cotemporaries. We ask whether she has ever employed either of them before, or found that her old and tried family attendant had failed; but all would not do. She evidently was bent on being in the fashion, and having it to say that her child was attended by the doctor that wrote the great book, and who attends Lady This and the Hon. Mrs. That. There is nothing new in all this. Quacks and quack-fanciers have always existed and must continue to exist; but there is evidently at present an epidemic mania prevalent, *which exhibits itself in a strange desire to acquire notoriety by a display of infirmities* which formerly were *studiously concealed.—Dublin Med. Press.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Brodie Medal.—One of the splendid medals struck in honour of Sir Benjamin Collins Brodie, Bart., has been presented to the University of Pennsylvania, by a committee appointed by the Medical Profession of Great Britain, who have adopted this mode of testifying their esteem and regard for that eminent surgeon, and their grateful appreciation of his scientific acquirements, by which the profession of medicine has been so much advanced.

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The Medical Profession in New York.—The ignorance which prevails in England, with regard to the real condition of things in this country, is sufficiently notorious; nevertheless, we were, we must confess, somewhat surprised at the following statement, gravely

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set forth in so respectable a journal as the *London Medical Gazette*. "The pernicious consequences of the non-restrictive system," says the editor of that Journal, in an editorial article in his No. for 31st January last, "are amply demonstrated in the American States of the North. In the city of New York, for instance, where any shoeblack may arrogate the title and functions of a doctor of physic, things have come to such a pass, that scarcely a practitioner of honourable feeling is found willing to enter the lists with the disgraceful competitors he must needs encounter. There, of a truth, the profession is in a most degraded condition. In fact, with the exception of some four or five physicians of established reputation, a great proportion of the practitioners of that populous place are ignorant and boastful pretenders, alike guiltless of education and of principle. We have been informed, by an intelligent eye-witness, that the sittings of its Medical Society more resembled a bear-garden than a convention of members of a liberal art. The ordinary qualification to ensure practice among the mass of the community is to establish an apothecary's shop in some frequented street, and then to puff off a nostrum or two. By the help of such appliances, impudence and effrontery rarely fail to succeed in gaining the credulity of the public, and ousting the regular practitioner. We are told that an empiric of this stamp realized a larger fortune than ever fell to the lot of any member of the faculty in that city. As a natural result of so debased a state of things, the adulteration of drugs is carried on to an unbounded extent. Every article in the materia medica, of any value, is notoriously sophisticated.* In the Southern States of the Union, namely, Carolina, Georgia and Louisiana, where some collegiate control exists, the profession is, we believe, altogether on a better footing."

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Cyclopedia of Practical Medicine.—This work is now complete, and makes four goodly-sized royal octavo volumes, embracing a vast amount of useful practical information. The American editor and publishers deserve credit for the punctuality with which it has been issued, and for the good faith with which they have fulfilled their promises as to the period of its completion.

* Salts of morphia have been met with in commerce, containing ninety-nine and a half in the hundred of foreign matter; nor is it by any means uncommon for a practitioner to vaunt his administering calomel in the dose of a hundred grains and upwards.

FOREIGN INTELLIGENCE.

Comparison between a new vaccine virus and that of 1836.—M. Fiard has communicated to the Academy of Sciences, Paris, the result of experiments which he has made, in order to establish the differential characters of the development, march and duration of the vaccine matter recently discovered by M. Magendie and himself, compared with that of 1836.

In one *arrondissement*, he inoculated 351 persons with it. It appears to be more active than the old, and to possess a greater facility of transmission in man. From these experiments, M. Fiard is of opinion that it is not, as has hitherto been thought, the greater or lesser development of the vaccine pustules on the eighth or ninth day, which essentially demonstrates the degeneration of the virus, but the regular and continued progress, and especially the duration of the eruption, which indicates the various degrees of this degeneration. It is more particularly, as in small-pox, the shortening of the regular period of the eruption, which denotes the attenuation of, or decrease of efficacy in, the virus collected from the cow, and artificially transferred and kept up in the human subject.

Tables containing the comparative facts, with regard to the development, march and duration of the new vaccine lymph of 1844, and that of 1836, in the same child, show that, till the eighth day, there is no difference; but, on the ninth day, the desiccation of the old pustules commences, and is complete on the thirteenth or fourteenth day. The progress and development of the new, on the contrary, are slower, and desiccation is not complete till the sixteenth or seventeenth day, thus showing a difference of from three to four days.

Jenner's vaccine lymph, after thirty-nine years transmission from man to man, compared, in 1836, to the lymph of that period, dried upon the twelfth day; while that of 1836, like that of 1844, did not complete its desiccation till the seventeenth day. That of 1836, in the present day, after eight years sojourn in the human subject, compared to that of 1844, which does not dry up till the seventeenth day, desiccates on the thirteenth

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or fourteenth day, the eruptive duration thus losing three or four days.—*Prov. Med. & Surg. Jour.*, Dec. 18, from *Gaz. Méd. de Paris.*

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Society and the Doctors.—A surgeon is sent for to attend a sick person—we now simply state a case occurring only the other day: in the discharge of his professional duties, he is ready to go—in the discharge of his duty to himself and family, he inquires who is to pay him. The reply to this reasonable, and, in a man who gets his livelihood by an arduous profession, natural inquiry, is, imprecations and abusive language: the surgeon declines to attend the patient, and the patient unfortunarely dies, Society taking no more trouble than to order a coroner's inquest. The inquest is held; the surgeon states the facts above stated; he states, moreover, that he frequently was knocked up to attend paupers, the children of society; to exercise his humanity, skill and attention upon them, without getting a farthing; that he has himself knocked up the butcher, to get materials for making beef-tea for the patient, and was refused, with butcher-like expressions; that he lived by his profession; that his time was his means of life; that, in this particular case, he was preparing to attend the patient, when he was revolted by the abuse of those who solicited his aid.

Society, represented by the coroner, or his deputy, we forget which, waxed exceedingly indignant. The poor practitioner was informed, with ludicrous gravity, "That if he got no money, he should have found sufficient recompense in the esteem of his fellow-men;" that he should be ready, at all hours of the day and night, to do Society's business, in the way of his profession, for nothing. "Humanity," said the coroner, "is a great thing." The jury, among whom might or might not have been the butcher who refused materials for beef-tea, became humane and benevolent, as it cost them nothing, and "fully concurred in the observations of the coroner."

Now, let us see whether, in his conduct towards this poor medical man, Society did not, on this occasion, exhibit himself a most unfeeling, as well as an impudent fellow.

A man determines to invest his time and money in obtaining the diploma of the College of Surgeons. Very well. Does Society educate him for nothing? Does Society feed, clothe and lodge him while walking the hospitals, attending lectures, or undergoing the disgusting details of the dissecting-room, for nothing? On the contrary, Society takes a thousand Protean shapes to extract money from the pockets of this very man, whom it victimizes afterwards for not running like a lamp-lighter to do its business gratis.

In the shape of a Professor, Society dives into the pockets of the student for fees for lectures, demonstrations and hospital attendance; in the shape of a landlady and tradespeople, it makes him pay through the nose for every thing he has, and, sometimes, for things he has not had; in the shape of a college, it makes him pay for his diploma before it admits him to examination.

Nor has Society done with him then.

When he sets up an establishment, Society expects that he will maintain the station of a gentleman; that he will pay his tailor, his butcher, his shoemaker, his baker, his druggist; that he will conduct himself in an honest, straightforward manner, paying everybody his due; and having laid down this law for him, Society, when, through its parsimony, inhumanity or neglect, an outcast perishes in its streets, empanels a coroner's jury of this very tailor, butcher, shoemaker, baker, to victimize this doctor, who is so inhuman as to inquire who is to pay him; this hard-hearted practitioner who, expecting to pay, has the audacity to expect to be paid!

But we are told by the coroner, who, by the way, was paid for *his* services, that humanity is a great thing—a sacred duty—paramount to considerations of profit and loss. Very good—very fine. But let us extend this principle. Are coroners, judges, lawyers, and coroners' juries, to have the benefit of it?

Humanity, we presume, is not limited to physicking paupers for nothing; humanity is not merely a medical virtue, though Society seems to think so.

The prompt administration of justice is humanity; yet what judge on the bench administers justice for nothing? It is humanity to investigate the causes of sudden or suspicious deaths; yet did any man ever hear of any coroner who sat upon any jury since the time of Alfred, without being paid his fees and his mileage? To feed the hungry, to clothe the naked, to visit widows and orphans in their afflictions, is humanity; yet we hear of no tailor, butcher, baker, who refuses to give bread, beef and clothes, for nothing, being told by coroners' juries that,

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"if he gets no money, he gains the esteem of his fellow-workmen."

Will the esteem of his fellow-workmen feed the poor doctor or clothe his wife and children, or pay house-rent, or taxes, or appear on his frugal board in the shape of a leg of mutton and trimmings? Will the esteem of his fellow-workmen preserve him from rusty clothes or an empty stomach; from a distress for rent, or from the insolvent court?

Let him go to the workhouse with the esteem of his fellow-workmen in his pocket, and he will be set to break stones or pick oakum, just the same as if his fellow-workmen did not esteem him in the least; and when he dies, after a life spent in gaining the esteem of his fellow-workmen, by running after sick paupers for nothing, let his widow go before a police magistrate for relief, and she will be lucky, indeed, if the esteem of her late husband's fellow-men enables her to take change out of a sovereign.

Medical men are fair game—their profession is a noble, humane and liberal profession; therefore, besure, they are expected to be noble, humane and liberal enough never to expect payment; they are advertised for in the same way as tallow-candles and scrags of mutton, and for the same use—the use of the parish poor; therefore, besure, they must be gentlemen, disdaining payment.

They have been, and still are, a profession foolishly charitable, and criminally benevolent, to the injury of themselves, their families and their fellows; therefore, Society takes them at their word; if they work for nothing, they get no thanks; and if they don't work for nothing, they are rebuked by juries of butchers, bakers and tailors, who glory in the chance of sitting, once in their lives, in judgment upon a gentleman.—*London Med. Gaz.*, January, 1845, from *Young England, No.* 2.

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Statistics of the Medical Practitioners of Paris.—The following statistical table has just appeared, in a work (*Almanach Général de Médecine*) published by M. Domange. The number of Doctors in Medicine and Surgery, on the 1st January, 1845, was 1430; in 1833, there were 1090; in 1836, 1220; in 1839, 1310; in 1841, 1360; in 1843, 1423. Of the 1430, 1323 are of the Faculty of Paris; 50 of that of Montpellier; 31 of that of Strasburgh; 26 from foreign universities, authorized to practise by *ordonnance royale;* 15 are Doctors in Surgery; 8 Doctors in Medicine and Surgery; 10 are dentists; 14 oculists; 16 homœopathists; 4 magnetizers; 320 are members of the Legion of Honour (4 commanders, 50 officers and 266 knights); 42 do not practise, some from age and infirmities; others, because exclusively occupied with scientific objects; and others, again, because they have taken to different careers. The mean number of deaths was, from 1834 to 1840, 20 per annum; and from 1840 to 1844, only eighteen. Finally, the number of officers of health is 168; pharmaciens, 326; and midwives, 450. To complete this table, I will add the number of inscriptions, or entries, taken on the 15th of November, 1844, at the Faculty of Medicine, Paris: they amounted to 800; in 1843, they were only 749. Of the 800 inscriptions, 251 were new students, viz: those commencing their medical studies, 199; those coming from the different preparatory schools, 43; those coming from the other Faculties, 6.—*Med. Times.*

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Nutrition of Plants.—It is generally believed that carbonic acid is the true nutriment of plants. Prof. Schultz, of Berlin, on the contrary, has been led, by the results of his experiments, to the conclusion, that carbonic acid is scarcely decomposed by plants; that manure and humus never dissolve in carbonic acid, and that all the oxygen exhaled by plants is not supplied by carbonic acid, but by the vegetable acids contained naturally in the juices of plants, such as gallic, malic, lactic, tartaric, citric and other acids.

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A Vermifuge Liniment.—The following liniment is used in some parts of France, with much success, in cases of worms being rubbed on the abdomen: ℞.—Ol. Ricini, ℥ix; Ol. Absinthii, ℥ss; Ol. Tanaceti, ℥ss; Tinct. Felicis Maris Æther, gtt. x.—M. Its efficacy may be much improved by macerating a small quantity of garlic in the ol. tanaceti.—*Journ. de Med.*

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On the Injury resulting to the Health of Individuals Inhabiting New Houses.—An interesting paper on the above subject is contained in the third number of the *Journal für Practischen Heilkunde*, for 1844. The atmosphere, in such buildings, becomes contaminated or altered in its composition. These changes may arise from several sources;—the moisture of the atmosphere

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may be increased from the exhalation of watery vapour from the wood, stone and mortar used in the construction of the building. The carbonic acid in the air may be diminished by combining with the lime, or with certain metallic salts, used as colour stuffs for the walls, &c. The author further remarks, that the air contains particles of lime suspended in it, and that, where the rooms are much heated by stoves, for the purpose of drying the house, if the walls have been painted with colour stuffs of lead or arsenic, these metals may be volatilized, and thus act injuriously through the lungs. As diseases likely to arise from the above-mentioned causes, the whole category of ills that could befall the body are enumerated We can easily understand how bronchitis, rheumatism and similar affections might result from the aforesaid conditions of the atmosphere; but when the writer includes among these diseases gastro-malacia, gangrene of the lungs and uterus, we are inclined to think his imagination has outstripped his judgment. Dr. R. concludes by inviting the government to enact certain sanitary restrictions regarding the inhabiting newly-built houses.—*N. Journ. Med.*

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New Formula for Blistering Plaster.—M. Louradour recommends the following preparation, as preferable, in some cases, to the ordinary emplastrum lyttæ: ℞.—Resin. elem., styrac. liquid., āā ℥iv; cer. flav. ℥v; camph. pulv., ℥j; pulv. mel. vesicat, ℥viij. Melt, at a gentle heat, the elemi and the wax; then add, first the styrax, and then the Spanish fly, leaving the mixture on a gentle fire for half an hour. It must then be removed, and stirred with a spatula, until nearly cold, when the camphor, previously finely powdered, is to be added.—*Med. Times*, Jan. 25, 1845.

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An easy and certain method of performing Catheterism, even in the most difficult cases. By J. G. Maisonneuve.—In the hands of the ablest and most experienced surgeons, catheterism, in cases of retention of urine, is often a difficult and sometimes a dangerous operation, and, in those of an inexperienced surgeon, it is daily a source of serious accidents. Of late, numerous methods have been proposed to facilitate this operation; and Dr. Maisonneuve proposes the following:—Introduce into the urethra a very small gum-elastic bougie, and, when it has reached the bladder, slip over it a catheter, open at both ends. The passage of the latter inwards is facilitated by a bit of silk passed through it and then tied to the extremity of the bougie. To cause the catheter to penetrate easily and without pain into the bladder, it is sufficient to push it onwards on the bougie, drawing gently all the time on the silk. This method has succeeded in all the cases in which the author employed it, some of these being very difficult ones; and, from these facts, he concludes: 1, that catheterism, performed in the way just described, is, of all the known methods, the easiest and most certain; 2, that it succeeds wherever the other methods are applicable; 3, that it succeeds where the others fail; 4, that it sets aside all painful trials, all ruptures of the canal, all false passages and all the accidents which they give rise to; 5, that, to perform it, no peculiar skill is needed; on the contrary, it may be employed by persons not at all accustomed to such an operation; 6, that it enables us to set aside the numerous instruments proposed to overcome the different obstacles encountered.—*Med. Times*, Jan. 25, 1845.

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Sydenham Society.—We have received another splendid volume, issued by this society. It is entitled "Observations on Aneurism, selected from the Works of the Principal Writers on that Disease, from the earliest periods to the close of the last century;" and is "translated and edited by John E. Erichsen, Lecturer on General Anatomy and Physiology at the Westminster Hospital."

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Ioduret of Potassium in Saturnine Affections.—MM. Guillot and Melsens have obtained, they say, very favourable results from the ioduret of potassium, in the treatment of saturnine diseases. They have increased the dose gradually to ℥ij a day. From six to ten ounces, they say, will complete the cure.

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New Hospital in Paris.—The city of Paris is about to construct a new hospital, of immense size, near the Faubourg St. Denis. It is to have the name of Louis Philippe.

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French Academy of Sciences.—M. Valenciennes has been elected to the vacancy in the section of Natural History, caused by the death of Geoffroy St. Hilaire.

Dr. Faraday has been elected Foreign Associate, in the place of the late Dr. Dalton.

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CLINICS.

Clinical Lectures on Midwifery. By J. Y. SIMPSON, M. D., Professor of Midwifery in the University of Edinburgh.

At this our first meeting, I propose to offer a few observations on the instance of transverse presentation, and turning, which you witnessed in the Maternity Hospital two days ago.—First of all, allow me to read to you the case as it has been reported by my excellent friend Dr. Martin Barry.

"Christina Anderson, aged 28, married,—third pregnancy,—last catamenia in the beginning of March, continuing for two or three days,—time of quickening uncertain.

"On the morning of Saturday, 7th December, had a fall, in which the left hypochondrium was violently dashed against the corner of a large stone; says that she did not feel the movements of the child for longer than a day or two after this. On Tuesday the 17th,—ten days afterwards,—the child, when born, presented the separation of nearly the whole cuticle, with sero-sanguinolent infiltration of the scalp, and a state of looseness of all the cranial bones.—The abdomen was swollen, and on laying it open the spleen was found much enlarged, and patches of coagulable lymph were seen on its peritoneal surface; similar patches were present in the iliac and pelvic region connecting the peritoneum of the abdomen with that of the intestines; other portions of a similar inflammatory effusion were scattered over the intestines, more especially in the lower part of the abdomen.

"Labour commenced on Monday, 16th December, and was completed in 17 hours.—The membranes ruptured twelve hours before the full dilatation of the os uteri.

"During the labour the patient was bled and had an ounce of antimonial wine exhibited in ℥ss doses, to promote the dilatability of the cervix uteri.—Shortly before turning, ʒi of laudanum was exhibited, in order to moderate the uterine contraction, and facilitate the process of turning.

"The presentation was the right shoulder with the cord, and the child was removed by turning and extraction. This was performed by Professor Simpson, who, observing from the feet and legs, when they had been drawn down, that the position of the

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent GRATUITOUSLY *to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for February.*

☞ *In no case will this work be sent unless the money is paid in advance. This should pay postage as one newspaper.*

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pelvic extremity of the child corresponded to the third position of the head with the toes pointing forwards, stated that the body as it came into the world would present a corresponding movement of rotation,—a movement forthwith seen by the writer and several others who were present.—The head was then born in the second or right occipito-cotyloid position."

Most of you are aware, that we cannot—except in the rarest cases—leave instances of shoulder presentations to nature. Experience abundantly shows us, that if we do not offer the required aid in these presentations, the woman, in general, either dies exhausted from the long-continued, but fruitless efforts of the uterus to empty itself of its contents,—or the organ, by the violence of its own contractions, lacerates its own structure, and thus establishes one of the most fatal complications to be met with in the practice of midwifery, namely, rupture of the uterine walls. In these presentations, therefore, interference is imperatively required,—and this interference consists in so far altering the morbid position of the infant, that, instead of allowing it to remain with its long axis across, or at right angles to the long axis of the uterus, we introduce our hand, and bring down to the os uteri one of the two extremities of the *ovoid* mass of the child, (the child on the latter months being, as you know, folded up into an irregular ovoid form), in order to make the long axis of the body of the infant and the long axis of the body of the uterus parallel to each other. For this purpose we may bring down either the cephalic, or the pelvic extremity of the infant.

The cases are few in which it is proper and possible to bring down the head of the child to the os uteri,—or, in other words, in which we can and should perform what is termed *cephalic* turning or version.

In almost all cases—but especially in one like Anderson's—with the child dead, and the passages well dilated, or dilatable, we bring down the pelvic extremity of the infant, and so far change the presentation from one of the shoulder or arm, into one of the breech, feet, or knees.

Many modifications of this last operation —*podalic* version or turning—as it is termed,—have been proposed, and different varieties of it are advocated by different practitioners. By some we are advised, in all cases, to bring down *both* feet of the infant. Others again assert that to bring down *one* is always sufficient. Some advise a foot or feet; others one or both knees.—Let us inquire what method would be the most simple, and most practicable, in a case like the one before us.

I would first, however, remark, that in turning, in any case, where the membranes are still fortunately entire—the female passages dilated—and the fœtus perfectly mobile in the liquor amnii—it matters, I believe, little whether we seize one or both feet, or one or both knees. All these parts are, under such conditions, so easily reached, and the whole operation of seizure, and version of the child, is then so simple, that it is almost needless to lay down set and formal rules (as some authors have done) for the exact part of the child which you should seize,—and the exact mode in which you should seize that part. There is so much room to turn, as the child still floats in the liquor amnii, that, if you can seize *firmly* almost any part of one, or both of the lower extremities, with the introduced hand, you will readily effect your purpose. The flexure of the knees affords a firmer and better hold than the foot, or feet, and is hence probably preferable. It is, however, I repeat, sufficient to seize firmly any of these two parts, which ever of them first comes within your reach.

But the operation of version, in a shoulder or arm presentation, becomes a much more difficult, delicate and dangerous operation, when you require to turn, as in Anderson's case, with the waters already evacuated, and the uterus tonically contracted, and folded around the body of the child. Under such circumstances, we require to know, and to study beforehand, the easiest method of operating for ourselves, and the most safe mode of operating for the mother.

Let us consider, therefore, what method of turning is the most simple, and the most practicable, under such conditions as I have just stated; and first of all let us inquire,—

Should we seize both feet of the infant? —You see this method of procedure represented in the plates before us of Moreau, and it is a mode which is strongly inculcated by some of our latest authorities in midwifery. "Never be content," says Dr. Lee, in his lately published lectures on midwifery, "never be content with one foot, when it is at all possible to grasp both." In most cases, I hold this method to be im-

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proper and unjustifiable, because it is almost always more difficult to seize both extremities than to seize one; because one is quite sufficient for our purpose, and more safe for the life of the mother; and because by pulling at one extremity (when pulling does happen to be required after the version is accomplished,) we more perfectly imitate the natural *oblique* position and passage of the breech of the infant, than when we drag it down more directly and more upon the same plane, by grasping and dragging at both limbs equally. The infant also assuredly incurs less risk of impaction of the head, and above all, less chance of fatal compression of the umbilical cord, when the os uteri and maternal canals have been dilated by the previous passage of the breech, increased in size by one of the lower extremities being doubled up on the abdomen, than when both extremities being seized and extended, these same passages are more imperfectly opened up by the lesser-sized wedge of the breech alone.

Notwithstanding, however, the greater difficulties, and consequently the greater dangers attendant on the operation, when we search for, and grasp both lower extremities instead of one, it is still so dogmatically laid down as a rule by most obstetric authorities, that many practitioners seem to deem it a duty, not to attempt to turn the child without having previously secured both feet.

About two years ago, I was sent for by an accoucheur, enjoying a deservedly extensive practice, in order to assist him in the operation of turning in such a case as Anderson's. He had introduced his hand, and brought down one foot into the passages. For long he had been attempting to re-introduce his hand into the uterus, for the purpose of seizing and bringing down the remaining foot. His continued efforts, however, had proved perfectly useless, and he requested my attendance under this supposed difficulty. Without endeavouring to effect what he had laboured to accomplish, namely, the seizure and extraction of the retained extremity, I contented myself with dragging at the one foot already protruded, and with it alone pulled down the child without difficulty.

In few or no cases of turning is it proper or requisite to bring down both extremities, unless in the complication of turning under rupture of the uterus. In that case, but in that only, ought we to follow at once this procedure,—and here we follow it because, if we left the other extremity loose in the uterus or abdomen, it would be apt to increase the lesion in the walls of the organ, if it happened to get involved in the aperture, or impacted against its edges. In some very rare instances in which, after version by one leg has been effected, and immediate delivery is necessary, the cervix and os internum occasionally contract so forcibly and strongly upon the protruded limb, whenever we drag upon it, as not to allow of a sufficient amount of traction being applied to this extremity without fear of lacerating its structures. In such cases it may be well to attempt to repass the hand to secure the other extremity, for then by pulling at both extremities together, we incur less chance of injuring them than if we applied the same required amount of force to either of them singly.

Should we seize one extremity only?—From what I have already stated, you know my opinion, as to this being the proper method of proceeding in almost all cases of difficult turning. The method was long ago spoken of by Portal; and within the present century, Hoffman and Joerg in Germany, and my friend, Dr. Radford, in this country, have severally written on this subject, and upheld, that in *no* case of turning ought we to lay hold of more than one extremity, for the purpose of effecting the version of the infant. I have just pointed out what I conceive to be two—perhaps the only two—exceptional conditions to this general rule.

Another question meets us. Supposing we intended, in turning, to bring down the pelvic extremity of the ovoid mass of the child, *what part of that extremity* should we lay hold of in order to make it the presenting part at the os uteri?

Some accoucheurs have thought, that if we seized and brought down the *breech* of the infant, it would be the safest mode of turning. This method, however, presents so many disadvantages, that it seems now entirely rejected from practice as a common mode of performing version; for it is difficult to reach up to the breech of the child—and it is difficult to take a sufficiently firm hold of it when you have once reached it—and it is difficult, when once you have taken hold of it, to perform the evolution or version of the child with such a purchase.

We may limit, then, the part which we

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ought to lay hold of to the lower extremities, and I have already told you that I believe one extremity sufficient. The remaining question, therefore, is this,—What part of that extremity should we seize upon?

Should we take hold of the foot or the knee?—I believe the seizure of the knee to be preferable, in most, if not in all cases, to the seizure of the foot, or rather, as it should be more correctly stated, to the seizure of the ankle of the child. I speak, you will recollect, of turning in cases of shoulder or arm presentation, in which the liquor amnii has been for some time evacuated, as in Anderson's case, and the uterus by its tonic contraction has clasped itself around the body and head of the child. Under such circumstances, it is an object of importance not to be obliged to introduce our hand further than is absolutely necessary into the cavity of the uterus, because the contraction of the organ, in many cases, opposes its introduction, and the forced introduction of it is apt to produce laceration. —It is an object also of equal moment to attempt to turn by a part which produces as little change as possible in the figure and form of the infant; because, if we thrust any of the angulated parts of the child against the interior of the contracted uterus, we would also thus be still more liable to produce rupture of that organ.—Now, holding these points in view, it appears to me, that the turning of the child by seizure of the knee presents several decided advantages over turning of the child by seizure of the foot. For,

First. The knee is more easily reached. As we slip our hand along the anterior surface of the protruding arm, and along the anterior surface of the thorax of the child, we always, if the attitude of the child has not been altered by improper attempts at version, or very irregular uterine action, find the knees near the region of the umbilicus of the infant—the lower extremities, as you are aware, being folded up *in utero*, so that the knees are brought up to that part, and the legs flexed upon the thighs in such a manner that the heels and feet lie nearly in apposition with the breech of the child. To seize a foot, therefore, we would require to pass our hand about three inches (or, in fact, the whole length of the leg) *further* than we required to do in order to seize a knee.

Secondly. The knee affords the hand of the operator a much better hold than the foot.—By inserting one or two fingers into the ham or the flexure of the knee, we have a kind of hooked hold, which is not liable to betray us. Every one, on the other hand, who has turned by the foot or feet, knows how very apt the fingers are to slip during the required traction, and how much in this way the difficulties of the operation are sometimes increased.

Thirdly. We produce, I believe, the necessary version of the body of the child more easily by our purchase upon the knee —because thus we act more directly on the pelvic extremity of the infant's spine, than when we have hold of a foot.

Fourthly. Turning by the foot appears to me to endanger greatly more the laceration of the uterus than turning by the knee. —The reason of this is sufficiently evident. When we turn by the foot we have to flex the leg round upon the thigh, and thus at *one* stage of the operation, and during one part of the flexion of the leg, we are obliged to have the leg bent to a right angle with the thigh, and the foot of the infant thus projected and crushed against the interior of the uterus. You see this when, on the infant before me, I seize hold of the foot, and turn it round from its position at the breech, till I bring it up to the shoulder, the part which we are supposing to present at the os uteri. You can easily thus perceive, that when the leg of the child is thus brought round, it must rasp and scratch (if I may so speak) along the interior of the contracted uterus, and endanger, to a fearful degree, the laceration of the organ. It is needless to say how much this danger is increased, when, after having brought down one foot, we pass again our hand, and attempt to bring down a second foot, (as is recommended by some authors,) for thus we only double the danger of laceration of the uterus, from the forced and obstructed passage along its interior, of this other extremity.—*Lond. and Ed. Monthly Journ.*, Feb. 1845.

[To be continued.]

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Quack Advertisements.—The following admirable remarks on quackery and quack advertisements are to be found in the number for November, 1844, of a religious periodical, which is stated by a correspondent

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to circulate more than 30,000 numbers monthly, called *The Christian Witness*:—"We fell into the current, and followed the bad example of pre-existing religious periodicals; but reflection has led us to see our mistake, and we hasten to repair it, assured that we shall give satisfaction to all our readers, who properly estimate the true character of modern quackery, which is one of the vilest and foulest of all foul and vile vocations, and is sustained to an incredible extent by fraud, forgery and falsehood, and fraught with delusion, disease and death. To publish their nostrums is to partake of their deeds; to receive their money is to share their spoils, and aid them in making war upon mankind. No vehicle renders them such assistance in the work of rapine as the *religious magazines*, which, among the thoughtless masses, powerfully and naturally tend to dignify the hateful system, and to sanctify the ruthless imposture. On this point the communications of some of our correspondents are both startling and grievous, and such as show the necessity of religious men and religious magazines cutting all connection with quacks and quackery."—*Lancet*, Feb. 8, 1845.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Classes.—University of Pennsylvania, 446; Harvard University, Boston, 157; Jefferson Medical College, 409; College of Physicians and Surgeons, N. Y., 193; Medical Institute of Louisville, 286; Cleaveland Medical College, 109; Albany Medical College, 111.

Medical Graduates.—Medical Institution of Yale College, 11; University of Maryland, 43; Medical Institute of Louisville, 77 (including 3 honorary and 3 *ad eundem*); Jefferson Medical College, 116; College of Physicians and Surgeons, N. Y., 33; University of the City of New York, 120.

Rhode Island Asylum for Lunatics.—Dr. Isaac Ray, of the Insane Hospital, Maine, has been elected Medical Superintendent of the asylum about to be erected for lunatics in Rhode Island.

FOREIGN INTELLIGENCE.

Opinion of Mr. Liston respecting the Operation of Extirpating Ovarian Tumours.—"I need not tell you that wounds of the abdomen are dangerous; patients perish from trifling openings where the viscera are not at all involved, and yet you are aware that of late years the belly has been opened intentionally, with the view of ascertaining the existence of tumours, and of taking them out. These incisions have been made sometimes of limited extent, and sometimes from the ensiform cartilage down to the pubes. Some people do not hesitate to make a hole in the abdomen, put in their fingers, and feel what is there, strangely enough exemplifying what Hudibras says—

> 'As if a man should be dissected
> To see what part is disaffected.'

"These operations are, in my opinion, exceedingly unjustifiable; I have always set my face against them, and I think always shall. In the first place, the diseases you meet with here are not always—I may say, are very seldom—of a dangerous character. Women labour under encysted tumours connected with the uterus and ovaria, and under solid tumours, too, and yet enjoy perfect health; the disease does not kill them. Sometimes—though very rarely indeed—you meet with malignant diseases here, but it is impossible to ascertain their nature through the parietes of the abdomen. If there be malignant disease, you cannot expect to cure the patient by any known means, and you are not warranted in having recourse to the removal of the disease; for even the operation itself is attended with most imminent risk. You are told how many patients recover where the disease is not of a malignant character; but many people write disingenuously; they do not tell the whole truth. When they have an unsuccessful case they do not bring it forward, but every successful case they advertise most unblushingly. I have taken some trouble in looking after the cases, having by chance seen some of the first that were operated upon, and tried hard besides to dissuade the patient from undergoing it. I have examined previously some of the cases in which Mr. Lizars performed this operation in private practice, for I took good care to prevent him from cutting open women's bellies in the hospital after he became attached to it. A new rage has of late sprung up for this proceeding. Mr. Key has, within these few months, operated on one case; a Mr. Clay, of Manchester, on

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several; Mr. Bransby Cooper, on one; Mr. Lane, Mr. Walne, more than once; besides others. There are some American and foreign cases, besides those of the Edinburgh professor. I have here the particulars of thirty-one cases in which the operation has been performed by what is called the greater incision—that is, from the cartilago-ensiformis to the symphysis pubis—with various success. Out of these, sixteen died; in some of them there was no tumour, and in some it was not removed. There is an immense difficulty in the diagnosis; you cannot tell what is the nature of the tumour, and in some instances, as it appears, the practitioners engaged could not say whether there was any tumour or not. The first case operated on in Edinburgh was that of a woman who had been, at one time, under my care. She was treated for an abscess of the loins, connected with disease of the spine. There was a considerable excurvation of the spine; she was a puffy, podgy, little woman; she had an exceedingly protuberant belly. She recovered from the effects of the disease for which I treated her; the bones had grown together, but her stature was much diminished; she then complained of a swelling in the abdomen, and got into the hands of Mr. Lizars. He proposed to open the belly; she came to consult me, and, in fact, to beg that I would perform the operation. I declined; and endeavoured, by every argument that occurred to me, to persuade her not to submit to it. She did not, however, follow my advice, and having given her consent, an incision was made by the professor, from the sternum to the pubes, but after turning over the viscera, nothing to take away was discovered. Strange to say, the woman recovered almost without a bad symptom. But if you should make certain that there really is a tumour, you cannot possibly tell what its attachments are, and in many of the operations the diseased mass has been exposed, turned over, and found so adherent that it was not possible to remove it. Well, we began with thirty-one patients; out of the fifteen who did not die, six had no tumour, or it was not removed. In some, the tumour could not be got at, the patient was sown up again, and lived in spite of this embowelling process.

"With these results, I do not think that the operation is justifiable. Besides, in Professor Lizars' most successful case, there was, certainly, a large tumour removed, without a fatal result, but the other ovary was ascertained to be in a diseased condition, and was left, so that the cure was rather incomplete. I think the poor woman was paraded in this city, amongst the physician-accoucheurs and others. It is far better, I apprehend, to let the patient alone; when the tumour attains a great size, and contains any fluid, this may be evacuated. I have known of several instances in which the fluid has escaped from time to time by the vagina, with temporary relief. The patient may thus live a great while, and you do not seriously endanger her life. I would not be induced, under any circumstances, to open the belly and explore it, far less to cut it open, and attempt to take away the tumour.

"Another operation has been proposed, and in a few cases performed in encysted dropsy—namely, the making of a hole, pulling the cyst out with the fingers, and putting a ligature round its base. This has been done both successfully and unsuccessfully. Some time back a very fine young woman came to me, anxious to have the operation performed. She was in excellent health, but then there was the greatly enlarged belly, which was, from its appearance merely, a great and constant annoyance to her, as calling forth the remarks of her ill-natured neighbours. It was proposed that the operation should be undertaken, but I declined it. She fell into the hands of a practitioner who did perform it, but she died within two days, in dreadful agony. The case was published, and an attempt made to show that I had sanctioned it. This, of course, I was bound to contradict.

"A case was related to me the other day by a very excellent and experienced practitioner. The patient, a middle-aged woman, began to get very large on one side; a fluctuating swelling soon filled the abdomen; but by-and-by she suspected that she had become pregnant. The motions of a child could, after a time, be felt far back towards the left lumbar region: she went her full time, and was delivered of twins. Some difficulty arose in the accouchement, in consequence of the protrusions of the posterior wall of the vagina; the tumour was pushed back; the head of the first child got down, and the patient made a tolerable recovery. The abdominal tumour increased, and it was at last necessary to have recourse to

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paracentesis. The cyst soon filled again, the patient became more and more emaciated, and sunk exhausted. My friend thought this would be a good opportunity of trying the new operation. He found the parietes as thin as two folds of brown paper, and the most intimate adhesions existed, so that by no possibility could the cyst be separated at any one point. The same difficulty has, I am told, been experienced more than once in the living body.—*Lectures on Practical Surgery*, in *Lancet*, Feb. 8th, 1845.

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Distilled Waters.—Mr. Warrington has made many experiments on the distilled waters of the English Pharmacopœia, which prove that the use of spirits of wine added to preserve these waters, has a contrary effect; that after a time it is converted into acetic acid, and that in no respect is it desirable. He also pointed out the evil resulting from it in cases where these waters are prescribed as solvents for many chemical articles. The substitution of waters prepared by triturating essential oils with magnesia or chalk, he conceives to be equally, if not more objectionable, as these substances are taken up by water in such quantities as to render the waters unfit for the preparation of prescriptions. The magnesia or chalk does not act by forming a soluble compound with the essential oil, but simply by mechanically dividing the oil, and thus exposing a very large surface to the solvent action of the water. Hence Mr. Warrington proposes to substitute perfectly insoluble materials, such as fine porcelain clay, powdered glass, pumice-stone, or calcined flints, for the magnesia or chalk; and he finds, by experiment, that these substances effect the purpose perfectly, charging the water with the essential oil, and not themselves dissolving in it. Prepared in this way, the waters are quite equal to those distilled, and keep extremely well. —*Lancet*, Feb. 8, 1845.

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Iodine a Preservative against Variola.—Dr. Schreiber states that he has found the administration of iodine useful in preventing the members of the family of a person labouring under small-pox, from being infected with the same disease. The formula he used was as follows:—℞. Hydriod. potass. gr. viij; Tinct. iod. gtt. xvj; Aqua font. ℥ij. S. A teaspoonful morning and evening. *North J. Med.*, from *Henke's Zeitschrift*.

Death occasioned by the administration of a Tobacco Enema. By M. Japiot.—A man, aged 56, had a strangulated hernia, for which, after various ineffectual attempts at reduction, an enema of fifteen grammes of tobacco was administered. A quarter of an hour afterwards symptoms of most intense narcotism came on, and the patient died twenty-five minutes after the administration of the enema.—*Gaz. des Hôpitaux.*

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Perforation of the Membrana Tympani.—Dr. James Mercer, in an interesting article in the *Northern Journ. of Med.* (Oct. 1844), states, that out of fifteen cases in which he performed this operation, six being instances of chronic morbid thickening of the membrane, and nine of insurmountable obstruction by stricture of the Eustachian tube; in one only, and that one a case of the latter form of disease, did any benefit result.

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Discovery of two new Metals.—Prof. H. Rose, of Berlin, announces that he has discovered two new metals in the Tantalite of Bavaria, to which he proposes to assign the names of *Pelopium* and *Niobium*.

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Treatment of Leeches.—Mr. Boyce states that the most simple and least injurious method of emptying leeches of the blood they have drawn, is to immerse them for a few moments in a little mistura camphora; when they have evacuated all the blood they should be put into clear water, which should be changed in half an hour. In some of the diseases of leeches, Mr. Boyce thinks that immersing them in mistura camphora twice a week diminishes the mortality.—*Pharm. J.*

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Importance of Ventilation.—Mr. Squire, in a late No. of the *Pharmaceutical Journal*, gives the following illustrations of the importance of ventilation. "The usual argand gas-burner consumes about five cubic feet of gas per hour, producing rather more than five cubic feet of carbonic acid, and nearly half a pint of water.

"Shops using thirty of these lights, therefore, in an evening of four hours, produce upwards of nine gallons of water, holding in solution the noxious products of the gas.

"An argand lamp, burning in a room twelve feet high and twelve feet square, containing 1728 cubic inches of air, with closed doors and windows, produces sufficient car-

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bonic acid, in rather more than three hours, to exceed one per cent., which is considered unfit for respiration, and when it amounts to ten per cent. it is fatal to life.

"A man makes, on an average, twenty respirations per minute, and at each respiration inhales sixteen cubic inches of air; of these 320 cubic inches inhaled, thirty-two cubic inches of oxygen are consumed, and twenty-five cubic inches of carbonic acid produced."—*Lancet*, January 11, 1845.

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Lead Colic.—Dr. Hoffman states that the combination of alum and opium cannot be sufficiently prised in lead colic. Inflammatory symptoms removed, it soothes the pain, keeps the bowels regular, and tranquilizes the patient.—*Med. Zeit.*, No. 8, 1844.

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M. Ehrenberg's Discoveries.—Baron de Humboldt, in a letter to the French Academy of Sciences, states that M. Ehrenberg has just made some new discoveries of infusoriæ still more wonderful than any that he has hitherto announced.

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The Epizootic in Germany.—This very disastrous disease originated in the plains of Russia, where it reigns epidemically. It is considered by the German veterinary surgeons to be a kind of contagious typhus The various German states organized a strict quarantine on their frontiers, but without success, for it has invaded Prussia and Austria, where it is said to be making great ravages. It is much feared that the disease will spread over the whole of continental Europe. In the eighteenth century, several very fatal epizootics ravaged Europe from one end to the other. In 1754, such immense numbers of cattle were swept off, that several governments were obliged to forbid the destruction of any cattle capable of propagating the species.—*Lancet*, Jan. 11, 1845.

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Structure and Development of the Blood Corpuscle in Insects.—Mr. Newport read before the Royal Society, Feb. 20th, a paper "On the Structure and Development of the Blood Corpuscle in Insects, and its comparison with that of the higher Animals," the object of which was to trace the development of the blood corpuscle in insects and other invertebrata, to compare it with that of the higher animals, and to show that in mode of development and function it is analogous to the secreting cells of glands. He first shows that the true form of the corpuscle in insects has heretofore been imperfectly ascertained, having been variously described by Carus, Spence, Wagner, Bowerbank, Edwards, Baly and others, and that it has been correctly indicated only by Mr. Bowerbank. The author regards the blood corpuscle of the invertebrata as existing in four stages; first, the *molecule*, analogous, perhaps, to the molecules of the chyle of vertebrata; secondly, the *oat-shaped* or nucleated body, analogous to the true chyle corpuscle of vertebrata; thirdly, the *spherule* or nucleolus: and lastly, the *disc*, which exists only in some of the articulata, and is analogous to the red blood-corpuscles of vertebrata. These forms are traced from a period when the corpuscle is exceedingly minute, when no perceptible nucleus can be detected within it, to that of its full development, when the nucleus is a large compound body, formed of a multitude of nucleoli. The corpuscle then bursts, and together with most of the nucleoli, becomes dissolved in the fluid part of the blood, the central nucleoli alone appearing to constitute the spherules, which, in lepidopterous insects, are *further developed* into discs. He shows also that the blood corpuscle has important functions in the animal economy, and seems to be the elaborator of the fluid part of the blood. Nearly the whole of the oat-shaped corpuscles of the larva disappear during the pupa state of the lepidopterous insect, when the changes and development of new structures in the body are going on most actively; and that very many of those corpuscles which still exist in the blood until the perfect insect leaves the pupa state, are burst, together with their nucleoli, in the circulatory passages of the wings, and thus become the immediate source of nutrition in the formation and consolidation of structure during the rapid expansion and completion of those organs. These facts he regards as supplying proofs that have heretofore been wanting, of the correctness of the opinion of those who regard the blood-corpuscle as analogous in function to the secreting cells of glands.—*Athenæum*, March 1, 1845.

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Obituary Record.—J. T. Ingleby, M.D., Professor of Midwifery at Queen's College, Birmingham, and author of an admirable work, entitled "Facts and Cases in Obstetric Medicine, with observations on some of the most important diseases incidental to females," died at Birmingham, Jan. 27, aged 50.

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CLINICS.

Clinical Lecture on Midwifery. By J. Y. SIMPSON, M. D., Professor of Midwifery in the University of Edinburgh. (Continued from p. 28.)

One more point remains for our consideration. Granting that it is proper to seize a knee, I think it a matter of the very first moment to know

Which knee should be seized?—On this point you will find no directions in any of our modern obstetric works, British or foreign, as far as I know them; and yet I believe the secret of turning with facility and safety in such a case as Anderson's—with the waters evacuated and the uterus contracted—depends upon the knowledge of which of the two lower extremities of the infant should be seized. If we turn with one of the extremities—and whether the foot or the knee—it should be the foot or knee of the limb on the *opposite side of the body* to that which is presenting. Thus, if the right shoulder or arm presents, we should take hold of the left knee or foot; and if the left arm or shoulder presents, we should take hold of the right knee or foot. I repeat, that I believe this point to be one of the most essential importance: and the reasons for the rule are simple.

In bringing down the fœtus in the operation of turning, we may, and should, produce, two kinds of alteration in its position and figure. Thus, we may bend or flex the body forwards upon the *transverse* axis of the trunk; and we may rotate or turn the body round upon the *longitudinal* axis of the trunk. If we merely flex it, the operation of version will be one of difficulty; if we both flex and rotate the trunk at the same time, the operation will be one of comparative facility. By merely flexing the body upon its transverse axis, we are liable to bring down one of the lower extremities, whilst we do not displace the upper extremity, which is primarily presenting at the os uteri. If we *both* rotate and flex the body—that is, turn it both on its transverse and longitudinal axes—at the same moment, whilst we bring down the pelvic extremity of the child, the turning of the body of the infant carries away from the os uteri the part originally presenting.

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Many of you must be acquainted with the fact, that obstetric authors have proposed various methods of removing away from the cervix uteri the presenting arm or shoulder, in order to allow of more space for the part which is brought down, and to produce the necessary evolution of the child. Thus some recommend the presenting part to be pushed up before we seize the feet; others advise the foot to be seized with the one hand, and the presenting part to be pushed up with the other; and others again counsel us to bring down one or both feet, secure them with a tape (as you see in the plate of Moreau), and, whilst pulling with this tape, to introduce the hand, after the lower extremities are brought down, for the purpose of pushing up the presenting portion of the upper extremity.

All these rules and complications are at once avoided by following the principles that I have just stated to you, of bringing down, whenever it is possible, the knee opposite that of the presenting arm or shoulder. When we do this, by carrying the knee diagonally across, if I may so speak, the abdomen of the child to the os uteri, we both, as I have said, *flex and rotate* at the same time the trunk of the infant, and in doing so, the semi-rotation of the trunk inevitably carries up the presenting arm, in proportion as the knee which is laid hold of is pulled down by the operator. I would add this, as another of the advantages of turning with one extremity, for if we pulled down both knees or both feet, or the foot or knee which was nearest to us, we would produce in many instances mere flexion of the body, *without* that rotation of it which is necessary to carry up and out of the os uteri, the presenting part of the infant.

I have insisted upon the advantages of taking hold of the knee that is highest and furthest from you, and believe this to be a matter of the very first moment. Now, it may appear to some of you that it would be more difficult to seize this knee than the knee of the side corresponding to the presenting arm; but if you reflect for a moment you will see that this difficulty is more imaginary than real. Both knees of the child, as the infant lies folded up in utero, are generally in juxta-position, and lying upon the abdomen of the infant, near the umbilicus. If, therefore, in passing your hand into the uterus, you insinuate it as you ought to do, along the anterior surface of the thorax and abdomen of the child, you come in contact with both knees at the same time. And the rule which I would give you is this, that instead of hooking your finger, or fingers, into the flexure of the lower or nearer knee, you hook them instead into the flexure of the upper, more distant, or opposite one. Both are so far, in general, equally near, or equally distant, and you seize the one or the other according as you take care to turn your finger so as to hook it into the flexure of the lower or the flexure of the upper. It has been strongly objected by some authors to the mode of turning by the knee or knees, that we cannot with the hand in utero make a sufficient

Diagnosis between the knee and the elbow.—It is averred that the operator is exceedingly liable to mistake the elbow of the child for the knee, and thus to bring down the opposite arm instead of lower extremity—a result that would certainly render the case only the more complicated. I believe, however, that we might be and are equally liable to confound the foot with the hand, and thus lead to the same consequence, while the following simple rule will always enable you to escape the error and danger of mistaking an elbow for a knee. Suppose the child to be lying, as it does, with its extremities doubled up in the uterus, the elbow and knee may be always distinguished from each other by the *opposite directions* in which they point.—You have the salient angle, convexity, or rotundity of the knee, always looking upwards towards the upper or cephalic extremity of the child, whereas you have the salient angle, convexity, or rotundity of the elbow, always looking towards the lower or pelvic extremity of the infant. Hence, if we know the position in which the infant is lying, (and this we always do, for other reasons, ascertain previous to commencing our operation,) we may, by attending to this single fact, easily distinguish in all cases a knee from an elbow.

There is one point worthy of every attention in regard to the operation we have been considering, which I have not yet alluded to. It is this, that—particularly in cases of difficulty—you require to

Use both your hands for the operation of turning.—In making this observation, I mean that whilst we have one hand *internally* in the uterus, we derive the greatest possible aid, in most cases, from manipulating the uterus and infant with the other hand

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placed *externally* on the surface of the abdomen. Each hand thus assists the other to a degree which it would not be easy to appreciate, except you yourselves were actually performing the operation. It would be extremely difficult, if not impossible, in some cases, to effect the operation with the single introduced hand; and in all cases it greatly aids and facilitates the operation. The external hand fixes the uterus and fœtus during the introduction of the internal one;—it holds the fœtus *in situ*, while we attempt to seize the necessary limb or limbs, or it assists in moving those parts, when required, towards the introduced hand;—and it often aids us vastly in promoting the version or evolution of the body of the child, after we have seized the part which we search for. Indeed, this power of assisting one hand with the other, in the different steps of the operation of turning, forms the principal reason for introducing, as I have sometimes done, the left as the operating hand into the uterus—for thus we can, by passing the right hand between the thighs, and over the abdominal surface of the uterus, (the woman lying on her left side,) have more perfect control over the child by our external manipulations with the latter hand. Besides, the left hand, when the patient is in the position I have described, more readily adapts itself to the configuration and axes of the pelvis. If we introduce and turn with the right hand, it is more awkward and difficult to manipulate the abdominal surface of the uterus with the left.

The mode of turning which I have recommended to you was followed in the case of Anderson. When I was first called to see her, all things were in a condition suitable for undertaking the operation. The membranes had burst some hours previously, when the os uteri was still comparatively rigid. It is, no doubt, a matter of moment to be able to turn *before* the waters have escaped, because, as I have already stated to you, the operation is then greatly more simple; but when the membranes do break—as in the case before us—with the os uteri still undilated and undilatable, we must wait with patience, and employ such measures as tend to relax that part. In the present instance, blood-letting was had recourse to for this purpose, and antimony exhibited. A short time before I saw her, Dr. Barry had very properly given her a large dose of opium, in order to moderate the spasmodic or clonic contractions of the uterus, so as to admit of the more easy performance of the version of the child. The os uteri was quite dilatable when I reached the hospital, but the tonic contraction of the organ was so great that I feared there might be some delay and difficulty in the introduction of the hand, and evolution of the child. Such, however, was not the case to the degree anticipated, and the version was accomplished in two or three minutes.

The child was lying with its head towards the right iliac fossa, and its pelvis towards the left. The face, abdomen, and extremities of the infant were looking forwards. I, therefore, as we always do in such cases, passed up my hand between the anterior or pubic surface of the uterus and the infant, in order to reach more easily the knee which I wished to seize.

As to the place, or side, where we ought to pass our hand—that is whether between the infant and the pubis, or between the infant and the sacrum—the rule is simple and evident. We pass our hand, as in the case before us, between the pubis and the infant, when we know the extremities of the child are looking anteriorly. We pass our hand between the sacrum and the infant, in those other cases in which we know the limbs of the child to look posteriorly. We do so for two reasons,—*first*, because there is always the greatest space for the introduction of the hand on that side of the fœtus to which its face, abdomen, and angulated extremities, look; and, *secondly*, it is only, of course, on this side of the fœtus that we can find and secure the lower extremities in order to produce the required evolution and extraction. Dr. Lee lays it down as one of his "two most important rules" in turning, that,—however the trunk and extremities of the child may be situated—that is, whether the extremities look anteriorly or posteriorly—you ought "to pass up the hand between the *anterior* and shallow part of the pelvis, and the presenting part of the child." If the back of the infant were turned, as it sometimes is, to this "anterior or shallow part," it would be impossible, by any search in that situation, to get hold of one or other of the legs of the child, which are situated in the very opposite part of the uterus, and on the opposite side of the body of the fœtus;—and if the feet were thus really seized, they would be brought over the back of the child, and the spine so far greatly endan-

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gered. But Dr. Lee's rule is so very obviously erroneous, and the result of some misconception or disregard of the mechanism of transverse presentation and turning, as not to require any formal refutation. His second important rule, "that when one hand is rendered powerless by the pressure of the uterus, you ought to withdraw this hand, and replace it by the other," will doubtless be in many cases, I fear, an unavoidable result of the mismanagement advocated by the first—and is rarely, if ever, required when you employ the proper hand at once. And every new and unnecessary introduction of the hand must be reprobated, as inflicting a new and additional source of danger upon the patient,—and hence should be avoided as far as possible.

You saw, in this instance, what are the usual preliminary measures adopted in connection with the operation of turning. We kept, as I showed you at the time, the patient placed upon her left side, with the trunk of her body situated across the bed. The right knee was raised by the hand of an assistant, and the uterus kept fixed and steady by pressure on the external surface of the abdomen. In preparing the hand and forearm for the operation of turning, these parts were perfectly uncovered, and everywhere anointed with lard, with the exception of the palmar aspect of the hand and fingers. These latter parts require always to be kept free, in order to secure a proper hold of the presenting part.

After cautiously passing the hand into the uterus, along the anterior surface of the protruded arm, I glided it between the anterior surface of the thorax of the child, and the anterior wall of the uterus, laying it flat during one slight pain that supervened, and insinuating it onwards immediately afterwards, till I reached the two knees lying in the umbilical region of the infant. I passed one finger into the flexure of the upper knee, and thus got sufficiently firm hold of that part, without displacing the lower extremities to any extent. Assuring myself, as we always do in the process of version of the child, of the *complete absence* of all clonic contraction of the uterus, I easily turned it round with the purchase I had, and brought down the left lower extremity, the infant making a complete rotation during its evolution, as we shall see immediately from the direction of the toes, abdomen, and face.

We thus, you observe, make the version or evolution of the child during the *absence* of any uterine pain, but after bringing down the extremity, should any further assistance be required towards the extraction of the child,—it must, I beg you especially to remark, be made not during the absence of uterine contractions, but during the *presence* of them. In most cases, indeed, after the version is performed, we allow the uterine contractions themselves to expel the infant, but it was not necessary to wait in such a case as Anderson's, the pains being trifling, and the child being dead. I therefore pulled gently at the protruding leg during each subsequent contraction, and ultimately extracted the head from the pelvis by a purchase obtained by passing the two fingers of the right hand over the neck of the child, and introducing the other two into its mouth. —*Lond. and Ed. Month. Journ.*, Feb., 1845.

[To be continued.]

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Quackery.—The bold assumptions and cunning devices of imposture have always succeeded in securing, as its dupes and supporters, a large class in society—but never perhaps to a greater extent than at the present period. The boldest empiricism pervades now almost every pursuit in life, and nearly every department of human knowledge. With all our boasted advance in moral and intellectual improvement, it has been permitted to usurp the temple of religion, the hall of science, and the field of literature. Deluded by its pretended regard for human rights and freedom of opinion, man has refused to bow the head or to bend the knee to any power on earth, or, we had almost added, in heaven either—and, at the same time, he has closed his mind and heart against the influence of every species of authority, whether exercised for good or for evil. Subjects the most sublime and intricate—questions of the greatest moment in reference to his present and future welfare—are approached with the utmost indifference, and discussed with the same familiarity and flippancy as those of the most familiar and trivial character. All would now enter by force into the temple of science, cast forth its true votaries, and rifle with profane hands its treasures. The long and tedious roads to knowledge, pursued by our forefathers, are deserted—and every thing that requires time and labour for its acquisition is de-

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nounced as contributing nothing to the immediate good of the community. All that concerns the human race, whether mentally, morally or physically, is attempted to be reduced to one level by the miserable test of a false utilitarianism; and in a professed opposition to the fictitious distinctions of society, the reverence which is due to superior virtue, talents, knowledge and skill, has become almost entirely extinct.—*Condie's Annual Address before the Philad. Med. Soc.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Graduates in 1845.—University of Pennsylvania, 164; Medical College of the State of South Carolina, 74; Medical College of Georgia, 33; Geneva Medical College, 41; St. Louis University, 14; Pennsylvania College, 14.

Maine Insane Hospital.—Dr. James Bates has been chosen Superintendent of this institution.

State Lunatic Asylum, Worcester.—Dr. Rufus Woodward, a son of the distinguished superintendent of this institution, has been appointed Assistant Physician.

Columbia College, D. C.—Dr. Harvey Lindsley has been elected Professor of the Practice of Medicine in this school, vacant by the death of Dr. Sewall.

Obituary Record.—It is with regret that we have to record the death of Dr. Thomas Sewall, of Washington, Professor of the Practice of Medicine in Columbia College, a gentleman of extensive practice and reputation, and very highly and justly esteemed.

Died, at Hudson, N. Y., Feb. 10, 1845, Samuel White, M. D., aged 68 years, Principal of the Hudson Lunatic Asylum, and a distinguished surgeon.

FOREIGN INTELLIGENCE.

Liquefaction and Solidification of the Gases.—Our readers are probably aware of the recent very interesting experiments of Mr. Faraday relative to the liquefaction and solidification of the gases, a notice of which was given in the number of the *American Journal of the Medical Sciences* for last month.

The following are his latest results, as communicated to M. Dumas, and published in the *Annales de Chimie* for January last.

Olefiant gas condenses into a fine, clear, colourless, transparent liquid, but it does not solidify; it dissolves the resinous bituminous oily bodies.

Pure hydriodic acid may be obtained in either the solid or liquid state. Solid hydriodic acid is very clear, colourless, and transparent, generally presenting a few fissures, which traverse the mass; it greatly resembles ice.

Hydrobromic acid may also be obtained either as a limpid and colourless liquor, or as a clear and transparent solid body.

These two acids require very careful distillation, in close vessels and under high pressure, to be obtained pure and colourless.

Fluosilicic acid has been condensed to the liquid state, but it is necessary to operate at the lowest temperature. It is extremely liquid, and as mobile as hot ether. It then produces a pressure of about nine atmospheres, and does not give any sign of solidification. It is transparent and colourless.

Fluoboric acid and phosphuretted hydrogen presented some results of condensation.

Hydrochloric acid liquefies readily, at least at the pressure of one atmosphere, but it does not solidify.

Sulphurous acid congeals immediately, as might be expected.

Sulphuretted hydrogen becomes solid, and then constitutes a white, crystalline, transparent mass, rather resembling congealed nitrate of ammonia or camphor than frozen water.

Carbonic acid, when it thus passes from the liquid to the solid state, without being dispersed in the fall of snow, constitutes a very beautiful substance, as transparent as crystal, so that I doubted for a few minutes whether the tube which contained it was full in vacuô, and I was even obliged to fuse a portion of it in order to ascertain the presence of a solid body. Solid carbonic acid exerts a pressure of six atmospheres, which prove to me how easily liquid carbonic acid should become solid when it is *laché* in the open air.

Oxide of chlorine is a fine, very friable, orange-red crystalline substance; it does not present any indication of explosive power.

Protoxide of nitrogen constitutes, when solidified, a fine transparent or colourless crystalline body; but in this state its vapour

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is not equivalent to the pressure of one atmosphere; and this result agrees with another experiment, in which, having opened a vessel containing this liquid, part of it evaporated and cooled the remainder, but did not solidify it. The cold produced by this evaporation is very great, which was proved by putting the tube and its contents into a bath of solid carbonic acid and ether in the air. This bath, which instantly freezes mercury, acted as if it had been a vessel filled with a hot liquid, and immediately caused the protoxide of nitrogen to boil violently. From this I am disposed to employ liquid protoxide of nitrogen for new experiments on hydrogen, oxygen and nitrogen; for, by placing a bath of this liquid protoxide in a pneumatic machine, and by expelling the air and gas, we may place the bath of protoxide relative to that of carbonic acid in the vacuum, in the same ratio as these two baths observed in the air.

Cyanogen congeals, as Bussy has already observed.

Perfectly pure and dry ammonia may be obtained as a solid, white, crystalline and transparent substance, heavier than liquid ammonia, and having very little odour, on account of the feeble tension of its vapour at this temperature.

Arseniuretted hydrogen and chlorine do not pass from the liquid to the solid state.

Alcohol becomes as thick as cold oil, but does not crystallize any more than caoutchouc, camphine and oil of turpentine; but these bodies become viscid.

Binoxide of nitrogen and oxide of carbon gave no sign of liquefaction at the lowest temperature, and at a pressure of from thirty to thirty-five atmospheres.

In making these general observations, I have determined many numbers relative to the point of fusion of these various gases, to their tension at different temperatures, &c. The numbers will be given in the memoir which I am preparing on this subject, and in which I hope to have something new to say concerning the state which oxygen, nitrogen and hydrogen assume in passing to the liquid state. Will this last body be developed in the metallic form, as you think? Will nitrogen be a metal, or will it retain its place among the non-metallic bodies? This will be decided by experiment.

On Toothache. By Dr. Heiden, of Vienna. — The appellation, toothache, is given to those pains which attack the teeth, or the structures with which they are connected. It may depend either upon congestion, inflammation, or a lesion of innervation. 1°. *Congestion: this may have its seat either in the membrane exterior to the fang of the tooth, in that lining its central canal, or in the ganglion, which supplies the tooth with nerves.* Congestion, when seated in the lining membrane of the fang, may be known by lancinating, throbbing pains, which are increased by any excitement of the system; these pains are variable in their character, sometimes lasting but for a few minutes, and again for as many hours; they are generally increased towards evening, and when the patient is in bed. The tooth, whose lining membrane is affected, is sensitive to the touch, or to pressure, and frequently conveys the sensation of being somewhat above the level of the surrounding teeth. The frequent application of cold water to the affected tooth is one of the best means of cure that can be adopted in this form of odontalgia. 2°. *Congestion in the lining membrane of the central canal, and of the dental nerves.*—Toothache dependent upon these causes, may be distinguished from the variety just described, by the tooth not being painful on pressure, nor conveying the sensation of prominency over its fellows. It may be also distinguished by the effect which cold water produces upon it; if the tooth be carious at the crown, cold water immediately gives relief, but if it be not so, the pain undergoes an exacerbation for some time, but under the use of the remedy it eventually disappears. Young, plethoric persons, and pregnant women, are those most subject to this form of toothache. In obstinate cases, besides the local application of cold water, it may be necessary to use the foot-bath, and administer purgatives. Where caries of the tooth exists along with this form of congestion, timely plugging must be had recourse to. All stimulants, such as the tinctures in common use for curing toothache, must be avoided here, as they only increase the mischief. *Inflammation.*—This process, when occurring in the teeth of a healthy individual, will produce the phenomena of healthy inflammation in any other part of the body; in individuals affected with gout, rheumatism, or scrofula, it will present the specific character of these diseases. Inflammation of the internal lining membrane of the tooth-fang (peri-odontitis) oc-

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curs much oftener in carious than in healthy teeth; it is characterized by a dull aching rather than actual pain, from which the patient fancies he obtains relief by pressing his teeth strongly together. This dull aching after some time is changed into an acute, *boring* pain, which extends to the neighbouring teeth; at this stage, the affected tooth seems more elevated than its fellows: and this sensation prevents perfect closure of the mouth, and to a great degree interferes with mastication. In some cases this local inflammation causes severe constitutional disturbance, heat and redness of the cheeks, severe headache and general febrile irritation. In this state, if nothing be done to check the local inflammation, this acquires greater intensity. The acute boring pain is now changed into a dull aching, attended with throbbing; if the gum about the affected tooth be examined, it will be found intensely inflamed, the tooth itself is *now* visibly longer than the surrounding ones, and loose; pressure makes the patient feel as if it were about to start from its socket. All these are evidences of suppuration at the root of the tooth, and if it be now extracted, a drop of matter will be seen attached to its root. In cases of intense inflammation of the tooth-fang, the process of inflammation may not be terminated by the formation of matter: inflammation proceeds outwardly to the gum, the alveolus is absorbed, and a portion of the matter formed at the base of the tooth is thus evacuated, when the opening in the gum closes for a short time, until the matter again accumulates. Thus a sort of fistula is formed which can only be healed by the extraction of the tooth. The mischief may not be confined to the root of the tooth alone—which becomes absorbed at its extreme point and roughened,—but may also extend to the jaw-bone and render it carious. It sometimes happens that the cyst containing the pus at the root of the tooth, becomes changed into a mass of pappy consistence, which comes away with the tooth on the latter being extracted. The treatment of this variety of odontalgia must be strictly antiphlogistic. Should the local application of cold fail in completely removing all the symptoms, leeches must be at once, and freely applied to the gums. Where suppuration seems inevitable, a gently diaphoretic treatment, with fomentations of warm water, or warm decoction of poppies, or marsh-mallow, or a solution of extract of henbane, in the proportion of five or ten grains to four ounces of warm water, will be found to assist materially the maturation of the abscess; as soon as the pus has been evacuated, the diseased tooth must be extracted. It very often happens that a great number of the teeth are loosened, without any mechanical cause; this may depend either upon a sub-inflammatory affection of the lining membrane of the alveolar process, or upon that form of cynanche denominated "Parotidœa." In the latter instance, time alone will effect a cure; the former requires for its cure repeated application of leeches over the affected portions of the alveolar process.—*Med. Times*, from *Weiner's Zeitschrift.*

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Delivery in an unconscious state during a sleep of three days.—Dr. Shultze was called on the 25th of May, 1843, to the wife of a joiner, who had been pregnant for the fourth time, and who was now in the ninth month of her pregnancy. She had fallen into such a deep sleep, that she could not be awakened by shaking, dragging, nor by stimulants, such as spirit of hartshorn, ether, &c. On the third day of this unnatural sleep, she was unconsciously delivered of a living healthy boy. When the author visited her on the fourth day, she had awoke just a short time before, unaware of having been confined, and perfectly astonished at the occurrence.—*Med. Times*, March 8, 1845, from *Pr. Ver. Zeitung.*

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Urachus not closed after birth.—A child, of one year, had an opening in the navel, out of which urine streamed whenever the child cried. The opening had the form of the orifice of the urethra, the navel was thickened and protruding, and resembled the glans penis. As long as the child remained quiet, the urine ran from the urethra, but whenever the abdomen was pressed or distended, the urine streamed from the opening at the navel. The child, otherwise, is perfectly well.—*Ibid.*, from *Casper's Wochenschrift.*

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Forcible removal of the Uterus and a portion of the large Intestines in a Parturient woman.—An ignorant practitioner of midwifery, in England, has been indicted for manslaughter for having forcibly removed the uterus, and a portion of the large intestines, from a woman whom he had delivered.

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It appears from the evidence given at the inquest, that the uterus, with all its appendages, and all the large intestines, except thirteen inches, had been removed. These parts were taken away about two hours after the birth of the child, the practitioner supposing that he was removing the afterbirth.—*Prov. Med. and Surg. Journ.*, March 12, 1845.

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Extraordinary facts relating to Combustion.—At a meeting of the French Academy of Sciences, Feb. 3, M. DUMAS related some experiments to which he had submitted liquid chlorine refrigerated to 90 degrees below the freezing point, in a mixture of solid carbonic acid and ether.

1. Phosphorus falling into liquid chlorine is ignited with a violent explosion.

2. Phosphorus, itself previously cooled in the freezing bath, inflames in the same manner, with violent explosion.

3. Arsenic, taken at the ordinary temperature, is kindled when dropped into liquid chlorine.

4. Antimony, on the contrary, manifests no action on liquid chlorine.

M. BOUSSINGAULT proposed that the Academy should give facilities for extending these experiments (which are attended with much danger) on some determinate plan.—*Lancet*, March 15th.

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Development of Bone.—The following three propositions embody the chief results of M. FLOUREN's recent investigations upon this most interesting subject of inquiry.

1. *Bone is formed by the periosteum.* 2. *It grows by the super-position of external layers.* 3. *The medullary canal is enlarged by the absorption of the internal layers of the bone.*

The experiments, on which the first of these propositions is based, were performed on dogs. A portion of one of the ribs was excised; removing only the bone, and leaving the periosteum behind. It was found that, after the expiration of a few days, a minute osseous nucleus was formed within the periosteum between the two divided ends of the rib. This nucleus became larger and larger, until at length it rejoined these ends, the one to the other, thus filling up the void space between them.

The numerous preparations, exhibited by M. Flourens at the Royal Academy, clearly show that the new bone is formed in the periosteum; that, when it is first formed, it is completely insulated and apart from the old bone; and that it is only by its gradual development and extension that it ultimately reaches the two divided ends of the old bone, thus re-uniting them together.

The *second* proposition—*bone grows in size by the super-position of external layers*—was established by numerous experiments on dogs and rabbits. One of the tibiæ was exposed, the periosteum divided, and a ring of platinum wire was then passed around between the bone and its investing membrane. The wound being then closed and left undisturbed, it was found after a certain period that the new bone, that had been formed, fairly invested with its recently-deposited layers the platinum wire. The *third* proposition was equally satisfactorily made out by the preparations that were exhibited.—*Med. Chirurg. Rev.*, April, 1845, from *Comptes Rendus.*

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Mortality in Prisons.—Dr. BALY in a paper on this subject, read before the Royal Medical and Chirurgical Society, states that the annual rate of mortality in the English Prisons, exclusive of deaths from Asiatic cholera, has ranged from 15¾ per 1000 to nearly 39 per 1000. In France the mortality including deaths from Asiatic cholera, has ranged in the hulks from 39½ to 55½ per 1000; and in the Maisons de Force et de Correction, from 30½ to nearly 87 per 1000. Dr. Baly maintains that the high rate of mortality which prisoners suffer is the effect of their punishment, and is not owing to the unhealthfulness of the class whence criminals are, for the most part, derived.

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Obituary Record.—Died, at London, March 13th, Prof. DANIELL, of King's College, in the 55th year of his age. Whilst attending a meeting of the council of the Royal Society, he was suddenly attacked with apoplexy, and died in less than five minutes from the first seizure.

—— at Paris, on the 11th of March, OLLIVIER D'Angers, aged 49 years, a member of the Royal Academy of Medicine, and of the council of health; and the principal editor of the Annales d'Hygiene Publique et de Médecine Legale.

—— at Paris, on the 21st Feb., at the advanced age of nearly 80 years, M. RIBES, ex-surgeon of the Hôtel des Invalides, and one of the oldest surgeons of the Imperial Army.

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CLINICS.

Clinical Lecture on Midwifery. By J. Y. SIMPSON, M. D., Professor of Midwifery in the University of Edinburgh. (Continued from p. 36.)

You will recollect that, in Dr. Barry's report of the case, as I read it to you, he states an interesting and important fact with regard to the evidence which it afforded of the

Natural Mechanism of Labour in Footling Presentations.—In this instance, as occasionally happens in pelvic presentations—both spontaneous and artificial—we found the toes looking towards the pubes, from which we knew that the face and chest of the child must be turned in the same direction,—and I stated to the gentlemen present, that this would not interfere with the process of extraction of the infant, for the child, during its further transit, would rotate round with its toes, &c., towards the nearest sacro-iliac synchondrosis, and not require any manipulation on our part to make it come out in that—its proper and most easy position. This is a subject I would wish particularly to impress upon your minds, for you will find it stated in almost every text-book, that in all pelvic presentations, whether they occur spontaneously or whether they are artificial, as in cases of turning, it is proper and necessary for us to rotate so far the body of the child, that its toes, and hence its face, should be turned towards the posterior aspect of the pelvis, or, as some more properly advise, towards the nearest sacro-iliac synchondrosis.

We are recommended, for instance, by Dr. Hamilton, to observe (as soon as the child is born as far as the knees,) whether the toes point forwards or not,—and if they do point forwards, as they did in Anderson's case, we are further directed immediately to turn the child round, so that they may look to the nearest sacro-iliac symphysis.

But no such manipulation is required as a general rule in spontaneous pelvic presentations, and none in artificial pelvic presentations, especially when you bring down only one extremity. In all the cases which I have watched, the infant, as in Anderson's, during the passage of the trunk, rotates and assumes this position itself, without any interference on our part, and upon the princi-

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ple which I stated to you at lecture this morning, (when speaking of similar rotations in head cases,) of the mutual physical relation of the child and pelvis, the former turning within the latter, as the helix of a partial screw will partially turn within its nut.

In natural or spontaneous pelvic presentations, this rotation that I allude to, occurs normally and naturally during the passage of the trunk; and that the rotation itself is a mere physical result, and independent of any vital actions on the part either of the child or mother, is proved to demonstration by an experiment which I have several times taken occasion to make—namely, that of dragging by one foot a dead fœtus through the pelvis of a dead mother. If, at the commencement of this experiment, we place the child with its toes, abdomen, and face, looking forwards, we shall find that as the trunk passes through the pelvic cavity, it regularly rotates round, so that these parts come to present at the nearest sacro-iliac synchondrosis.

Now, what holds good in regard to the mechanism of natural pelvic presentations, holds good also in regard to the mechanism of artificial pelvic presentations, or of those which we make in the process of pelvic turning. In artificial, as in natural footling and breech cases, we ought, I believe, to discard in a great measure from our mind any necessity of interfering, so as to turn the infant in one position or another as it passes through the pelvis; for in 9 out of 10, or in 19 out of 20 cases, it will sooner or later assume for itself the easiest and best position for the passage of the head—namely, with the face turned towards the nearest sacro-iliac synchondrosis. This will almost invariably be the case, if we do not hurry the extraction of the child by pulling at the protruded extremities, or if we pull merely by one—and that the one *nearest* the pubis. *By dragging, when it is required, at the limb of the child lying next the pubis, and at this limb only*—we pull down the pelvis of the infant obliquely, (so far imitating the presentation and easy transit of this part of the body in normal pelvic cases, where the anterior ischium is always the lowest;) and by the same means we promote the necessary rotation of the child's body, while we would prevent it, on the other hand, by dragging at the sacral or posterior limb,—or by grasping and dragging simultaneously at both.

All obstetric authors seem to me to err in advising direct interference for the rotation of the child in artificial pelvic cases to be made by the hands of the practitioner. In speaking of the duties required in such circumstances, even my friend Dr. Rigby (who in other points inculcates such sound and excellent doctrines with regard to the mechanism of parturition, and non-interference with it on the part of the attendant,) observes, "the uterus must be emptied as slowly as possible, and the anterior part of the child *must* be directed more or less backwards." It will, as I have stated to you, be directed more or less backwards by the physical relations between its own trunk and the interior of the maternal pelvis, so as to require no such adaptation to be attempted by any intermeddling on our part. A simple experiment will convince you that this will occur. I have already stated to you, that in repeated experiments made by dragging a dead child by one limb through the pelvis of a dead mother, I have seen the rotation spontaneously take place. But it will even take place, if I perform the same experiment much more rudely, by attempting to drag the leather fœtus before us through the bony cavity of this dry pelvis. If I place thus the fœtus with the feet in the pelvis, and the toes directed towards the pubes, or,—as is the case in nature, somewhat obliquely to one side of the pubes, say towards the right foramen ovale—and drag the fœtus through by pulling only at the anterior or pubic limb of the child, it turns, you observe, spontaneously as the trunk passes through the pelvis, so that the face looks at last to one ilium, or even backwards towards the nearest or right sacro-iliac synchondrosis; and this extent of rotation is the more sure to happen if the right arm chance to pass into the unoccupied space of the left sacro-iliac symphysis, or rather if that arm be removed so as not to prevent the rotation of the shoulders and head. The curious and illustrative experiment I have just shown you, was first pointed out to me by my esteemed friend Mr. Zeigler.

I have already dwelt tediously long upon the mode of turning that was adopted in the case which is before us, and the mechanism of it. Let us now turn and consider

The Morbid Conditions and Malformations of the Child.—1. *The state of the cuticle* in Anderson's child was such as is generally seen when the infant has been

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dead for several days before its expulsion,—that is to say, it was peeling off extensively, though not anywhere thrown into the form of bullæ, as we sometimes find it. There was another evidence of putrefaction, namely, a great swelling of the scalp, from, as we saw on making a section of it, a thick gelatiniform effusion of sero-sanguinolent fluid into the cellular tissue of that part. The swelling itself, and the effusion composing it, are, as you know, precisely of that kind which is known under the name of *caput succedaneum*, with this exception,—that its edges are not so very precisely defined. I have seen many children who have evidently died in utero some time previously to the accession of parturition, present a similar cranial effusion to this; and in two or three cases I have observed it, as in Anderson's child, even when the infant presented preternaturally. The effusion is so very like that of a caput succedaneum, that most people would certainly take it for one, and hence I would have you to deduce this observation, that a swelling of the scalp, with sero-sanguinolent effusion accompanying it, is not, as has been laid down by some medical jurists, either a mark of the child having been alive at the commencement of labour, or of the presentation being that of the head. The fact is, in putrefying children you have a sero-sanguinolent effusion into almost all the cellular tissue of the body, but it is greater in the scalp, and produces a more defined swelling there, in consequence of the cellular tissue of that part of the body being comparatively so loose in the child, and easily infiltrated.

2. *Peritonitis in the Fœtus in Utero* appears to be a frequent disease, and, in consequence of the blanched state of the placenta, and the swelled condition of the abdomen in Anderson's child, I stated to the gentlemen present, before we opened its body, that we would in all probability meet with some evident traces of the previous existence of peritoneal inflammation. Accordingly, on exposing the abdominal cavity, we found, as you now see, a number of loose patches and membranous shreds of coagulable lymph effused upon the surface of the peritoneum. These patches are in greatest abundance towards the lower part of the peritoneal cavity, especially upon the caput cœcum, and in its neighbourhood. The surface of the spleen is coated at different points with an attached semi-membranous layer of coagulable lymph, and I have seen few cases of intra-uterine peritonitis in which the surface of the spleen did not, as in this instance, present the inflammatory effusion in a very marked degree. The spleen itself, in the child before us, is of an enormous size,—an observation which I have made in two or three other instances of peritonitis in the fœtus.

3. *The Omphalo-mesenteric Vessels persist as a Malformation in this Fœtus*,—that is to say, you perceive here running from the inner or peritoneal side of the umbilicus, directly towards the mesentery of the smaller intestines, a firm band, nearly as strong and thick as a piece of saddler's silk, and which I now raise on the handle of the knife. You know the origin and course of the omphalo-mesenteric vessels to be exactly that of the band which I show you. The permanence of this band, as a malformation in the fœtus at birth, I have seen in one or two other instances:—in one case in a fœtus in the museum, with appearances of intra-uterine hydrocephalus, and additional fingers, this malformation also exists. Spaengenberg alleges, that he found those omphalo-mesenteric veins present, and apparently partially pervious, in an adult who died of phthisis towards the age of twenty.

But, returning to the peritonitis, allow me to observe, that here, as elsewhere, the only true evidence of previous existing inflammation in the fœtus consists in the presence of some of the *organic* products of inflammation, such as coagulable lymph, and the pseudo-membranous adhesions which such lymph so readily produces when thrown out on serous surfaces, the presence of pus, ulceration, &c. We can, in no degree, depend upon colour alone, or upon serous or sero-sanguinolent effusions, as these are often the result of mere putrefaction after death.

I have just stated, that peritonitis, as a disease of the fœtus in utero, is very frequent. For my own part, I believe that you will find evidence of it in most of those children that are born in a semi-putrefied state, and that have perished several days previous to birth, while there is no disease in the placenta or other appendages to account for the death of the infant. In the *Edinburgh Medical and Surgical Journal* for 1838 and 1839, I published some twenty or thirty instances in which the fœtus was found to present after birth evidences of the previous existence of acute peritoneal inflammation;

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and since that time I have had occasion to observe the disease in a number of other additional cases. Two or three weeks ago I took an opportunity of showing you a recent specimen of it in a fœtus that was born about the sixth month of utero-gestation. Since my observations were published, Dr. West, of London, and Dr. Otto, of Breslaw, have each recorded a number of similar cases.

This special disease of the fœtus—*peritonitis*—is interesting and important in one point, to which I now wish to direct your attention, namely, as being liable to occur successively in different children of the same mother, and thus sometimes producing a series and succession of premature still-born infants. In the case before us, the mother had a still-born child about a year ago.

[To be continued.]

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

The Sussex Prophet.—Bryanston Square, April 12, 1845. You have probably heard of the wonderful cures made by Couchman at Horsham—but in confirmation I send you an extract from a letter received from my father's steward:—

"Capel, April 9.—Mr. Couchman is still making wonderful cures—as many as fifty people went to him last Friday from Dorking. I saw some of them on their return home—they were in very high spirits, and said they felt themselves quite well; some were lame, some deaf, and some could not talk when they went—but on their return home, they could walk without crutches or stick—and the deaf ones could hear. One young man that could not talk had got the use of his tongue, and could talk as well as any one. He has made four more cures at Capel. Mr. Constable went to him last Saturday, and Mr. Couchman told him that he might go to bed at night, and that he would be better; he went to bed on Monday night, and rested well, and laid eight hours, and the same again last night and never felt any pain whatever; he has not been able to lie in bed for twenty years and upwards, suffering from a severe asthma." Surely the mesmerists must hide their heads, or try a coalition with Mr. Couchman, and proclaim, "Mesmerism for the million." Pray make of this letter what use you please. My name need not appear. I remain, &c.—*Athenæum*, April 19, 1845.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Mortality of Philadelphia.—It appears from the bill of mortality just published by the Board of Health, that the number of deaths during the year 1844, excluding 334 still-born, was 5187, of whom 2728 were males and 2459 females. The number of births was 9210, of which 4784 were males and 4426 females.

Medical Association of Fayette Co., Pa.—The address delivered by Dr. H. Campbell, of Uniontown, before this association, at its organization, June 25th, 1844, has been published. It is a very interesting address and highly creditable to the author. The view which he presents of the dignity and lofty character of our profession is just; the advice which he gives as to the course to be pursued by its members in order to maintain their proper standing is judicious; and the ethical doctrines he inculcates are elevated and sound.

Extraordinary Success.—It is asserted in the *Western Lancet* (May, 1845), edited by a Professor of Transylvania University, and therefore, it is to be presumed by authority, that "Professor Dudley, of Transylvania University, *never lost more than two patients on whom he performed any sort of amputation.*" It is to be regretted that the statistics are not rendered complete by a statement of the number of amputations he has performed.

Medical College of Ohio.—The number of students the past session was 210; of these 47 received the degree of M. D., at the commencement on the 5th March last.

FOREIGN INTELLIGENCE.

Expressed Juice of Mistletoe-Berries—a cure for Facial Neuralgia.—Lieut. Hardy, of the British navy, in a paper read before the Royal Medico-Botanical Society, claims for the expressed juice of the mistletoe-berry the property of relieving facial neuralgia. He applies it in the form of a plaster, for the preparation and application of which, the following are his directions:—Expressed and concentrated juice of mistletoe-berry, one part; yellow wax, two parts.

Melt the wax in a large iron vessel, and add the *bird-lime* in small quantities at a time, till both are combined. Then run the

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fluid mixture into moulds of any convenient size.

Mem.—As there is between wax and bird-lime no common bond of attraction, and as they cannot be made to unite without considerable difficulty, the specific gravity of the two bodies being different, it is necessary, for this purpose, to attend to the following RULES.

First, put a small piece of wax into the melting-cup, place it over the fire, and when dissolved, add to it a very small quantity of the *bird-lime*, at the same time withdrawing the cup from the fire, stirring the mixture rapidly with an iron rod, that the moisture of the *bird-lime* may slowly evaporate. If this operation is performed too rapidly, or there is too much of the *bird-lime* added at a time, the expansion of the steam raised by the heat will overflow the contents of the vessel. As soon as the vapour ceases to rise, replace the pot on the fire, and add more wax, and then more *bird-lime*, in manner as before, and so on alternately till all be dissolved. The pot must now be continued on the fire, and the mixture kept stirred till the two substances be thoroughly incorporated, the one with the other, which will take about one hour to do; and they will not afterwards separate.

Before running the liquid mass into a cup, it should be made to pass through a fine sieve in order to separate particles of sand and other impurities usually contained in the *bird-lime* of commerce. This done, the plaster is fit for use, and may be spread on linen, cloth or paper, secundum artem.

Directions for using the Mistletoe-berry plaster.—Take a piece of spread plaster of any required size, as large as half a crown, or larger, and place it immediately over the spot where the pain is felt, whether in the face, the eye or elsewhere, and confine it there with a bandage or other cloth; for otherwise, as it will not adhere to the flesh, owing to the wax, it will presently fall off. It must be kept on till the pain has subsided, which will be in a few minutes. However, for precaution's sake, lest the pain should relapse, I generally recommend that the plaster be kept on a whole day, and even longer in very bad cases.

As soon as the plaster is removed, it is necessary that the patient rub, with the finger's point, a very little oil of sweet almonds on the place that had been covered, as a protection from cold. And further, if business require him to go out of doors before the pain ceases, and he object to have his face bandaged up, the plaster may be placed on the upper portion of the large lateral muscle in the neck, and there worn night and day; or it may even be put over the first joints of the spine, and there worn as long as may be desired.—*Med. Times*, April 19th, 1845.

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Action of Papaver Somniferum on Animals.—Dr. LAFARGUE, in a memoir read 31st March last, before the French Academy of Sciences, stated that he had fed several rabbits with the papaver somniferum, and remarked that instead of its producing any bad effects, on the contrary it proved to be a wholesome aliment, since they increased in weight. The plants eaten were very active, for a child was killed to whom a decoction of a single capsule was administered as an enema. The number of plants consumed every day was five or six; occasionally the powdered capsules mixed with bran were given to the rabbits as food; and finally, grs. iv. of the acetate of morphine dissolved in ℥iv of distilled water mixed with lb. ij of bran were given without injury.—*Ibid.*

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Localization of the Faculty of Speech in the anterior lobes of the Brain.—Dr. BELHOMME read a memoir before the French Academy of Medicine on the 1st of April last, on this subject. The following are his conclusions: 1st. That lesions of the faculty of speech depend either on a cerebral affection, or on some derangement of the organs of communication between the brain, and those which serve the purpose of articulation. 2d. That sudden loss of speech depends on hemorrhage, or some other lesion of one, and especially of the two anterior cerebral lobes. 3d. That care must be taken not to confound the convulsive and paralytic phenomena which pervert the faculty of speech with sudden loss of remembrance of words, and subsequent difficulty of utterance. 4th. That in the disturbance of the anterior lobes of the cerebrum, the act of speaking is suddenly rendered impossible, and it is only when a cicatrix is formed in the brain, that the organ regains more or less its normal functions.—*Ibid.*

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Birth of Four Children.—By Prof. PRAU.—A healthy, strong woman, ætat. 35, after

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having had five children, became pregnant again, and this time her abdomen appeared to be of larger dimensions than usual. During the subsequent process of parturition, the waters were discharged sparingly; one child presented itself with the feet, and was expelled by the efforts of nature. Half an hour after, the birth of the second child began, and was terminated in an hour. The third and fourth children (apparently still-born) speedily followed. The quantity of water discharged was about 2 lbs. After one hour and three quarters, four separate placentæ were expelled. These four children (boys) were all born with the feet foremost; they were all perfectly mature and well formed; they resembled each other, and performed their functions regularly. Their length averaged from 15½ to 17 inches, their weight from 3 lb. to 4 lb. They all died within the next five days, notwithstanding the greatest care was taken of them as regards their nourishment and preservation. The mother left her bed five days after delivery, and remains in very good health.—*Med. Times*, May 3, from *Oester. Med. Wochenschr.*

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Sudden access of Insanity.—The following is a singular instance of the suddenness with which an attack of insanity may come on: it occurred recently at Paris. An engraver, after having spent twenty years on the engraving of a portrait, took the proofs to a publisher, who had agreed to purchase the plate. In the course of conversation some disparaging observations were made on the work. The engraver rushed into an adjoining room, and dashed his head violently against a stone chimney-piece, producing severe injury to the head, on a recovery from which it was found that his reason was entirely gone.

It was long since remarked by the celebrated Pinel, that persons endowed with highly sensitive feelings, might, by any sudden or violent emotion, be immediately deprived of understanding. Thus an attack of insanity may be caused in a moment, by extreme joy or terror. He gives the following curious instances.

During the French Revolution, an artillery-man proposed to the council of public safety a new piece of artillery, which he had invented, and which was to have the most deadly effects in war. A day was appointed for the trial of this invention at Meudon, and Robespierre wrote a letter to the inventor, and expressed his approbation of the invention in very flattering terms. The man to whom it was addressed became motionless on reading it, and he was soon afterwards sent to the Bicêtre, in a state of complete dementia.

About the same time, two young men, brothers, entered the army, and during a bloody action one of them was killed by the side of his brother. The latter became instantly motionless like a statue, and lost his reason. He was conveyed to his father's house, and at the sight of him, a third son, owing to the shock produced by the death of one of his brothers and the insanity of the other, became also insane. They were for many years confined at the Bicêtre under the care of Pinel.

There is a well-known case related by Mr. Travers, (*Constitutional Irritation*,) of a young lady, who was found one morning in a state of complete dementia playing with the fingers of a skeleton, which had been placed in her bed the night before. The terror produced by the sight of the skeleton had suddenly caused the attack.

Not long since there was reported in this journal the case of a naval officer in the command of one of the ships lately forming the squadron off Cork. He suddenly rushed on deck, ordered the ship to be cleared for action, and the guns to be pointed and fired on the town. So little was insanity suspected, that his orders were about to be obeyed, when, fortunately, it was resolved to delay the execution until they were confirmed by his superior in command. It was found that this officer had been attacked with mania, the cause of which did not appear, but as it was not brought on by any sudden or violent emotion, it may have been in this instance long dormant.

The sudden occurrence of dementia, under the circumstances above mentioned, renders it difficult to suppose that this form of insanity is in all cases necessarily dependent on physical changes in the brain.—*Lond. Med. Gaz.*, May, 1845.

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Rupture of the Liver.—A boy fell from a coal-wagon, and the wheels passed over his body. When seen by a medical practitioner, he was insensible, and there was paralysis of the lower extremities, depending on fracture of the lumbar vertebræ, and laceration of the spinal cord. The urine and

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fæces had been passed involuntarily. Death took place in five hours. The most remarkable feature in the case was the entire absence of any mark of *external injury* in the region of the abdomen, which was, however, tumid. On opening the cavity a large quantity of blood escaped, and when this was removed it was discovered that the liver had been ruptured transversely throughout its whole extent. It was completely divided, and as cleanly as if it had been cut with a knife. The hemorrhage had evidently proceeded from the portal vessels.—(*Mr. Kingdom: Lancet*, March 22.)—*Ibid.*

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Phthisis in Cetacea.—M. L. Bénard, of Caen, on examining the carcase of a female porpoise cast ashore on the Coast of Brittany, found the left lung almost entirely filled with tubercles,—to such an extent that the pulmonary texture had in a great measure disappeared. There existed at the same time numerous firm pleuritic adhesions of the same side. The opposite lung was sound, and there was no trace of tubercle in any other organ. The adipose tissue was generally scanty, and of a yellowish tint. This fact, observes M. Bénard, is curious, as indicating that tuberculous masses are formed of concentric layers, which may be easily detached the one from the other. The different constitution of the skin of those animals living in a dissimilar medium from that of man, suggests various reflections as to how far disturbed cutaneous function is concerned in the etiology of pulmonary tubercles.—*Ibid.*, from *Rev. Méd.*, Jan., 1845.

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On the human Mouth.—A paper on this subject by Mr. NASMYTH was read before the Ethnological Society, April 23. "Was mankind originally of a low or of an elevated degree of development?" inquires Mr. Nasmyth, and he answers, the development compatible with the due fulfilment of the exactions required from such a being as man must have been perfect. No feature bears so instructively on the solution of the various difficult problems involved in the study of ethnology as the form of the mouth, and the development of the teeth. In the lower animals the mouth is peculiarly and beautifully adapted to their exigencies, but in that of man exists a medium type fitted to every peculiarity of terrestrial existence. No other conformation than that given to him, can at once admit of perfect articulation and mastication of his varied food; moreover it may be regarded as fulfilling a most essential part in his intellectual life, for it is the organ of intellectual expression, and a grand agent in the communion of social life. Deviations in the character of the mouth, Mr. Nasmyth contends, are simply the effects of deviations in the habits of individuals composing races. When these deviations are partial, they are shown in individuals, when general, they amount to a national or tribe characteristic, and when continued from generation to generation, they become hereditary. The natural action of the lower jaw upon the upper is to push out, evert, or expand, the arch of the upper jaw, while on the other hand it is impossible by any habit to bring in or to contract that arch, so as to produce out of the advanced jaw of the negro the vertical jaw of the Caucasian and other well-developed races; a vertical is said to be the original development of the infant negro; the advanced mouth of the adult negro is therefore not congenital but factitious. The negro of the southern provinces of the United States, owing to the different circumstances in which he is placed, has not the advanced mouth of his progenitors of Africa, after the 2d or 3d generations. Mr. Nasmyth then proceeded to show most ably that the plasticity of the mouth in infancy, was such as to admit of the factitious development pointed out. The ordinary duties required of the mouth in civilized life are a moderate exercise of power for division, tearing, and comminution or grinding, whilst in uncivilized life there exist much more powerful exactions, which have a great controlling influence over the development of the parts. Man in the uncivilized state has but few instruments or tools to assist him in operations of any kind, and his teeth are ready substitutes for those, which on all occasions from infancy to old age he most unscrupulously resorts to. He attacks the roughest materials of all kinds with his teeth. He uses them to form and to fashion those materials in all sorts of ways; and thus he converts the dental organ into a prehensile one. He also uses his teeth as instruments for punishing his enemies, seizing his prey, and separating the assimilative portions of his food from those which are not, which, with the little assistance he derives from cooking, tend most decidedly to evert both the upper and the under jaw. Mr. Nasmyth explained at length various modifica-

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tions of the face, arising out of the eversion of the upper jaw so common in uncivilized life, whilst in the civilized, a perfect organization of the mouth was pretty generally accompanied by a well-developed brain, a regularity of feature, great energy of character, and corresponding physical power and activity.—*Ibid.*

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Epizootic in Germany.—Dr. Schwab, the director of the veterinary school of Munich, communicated to the French Academy of Sciences, through M. Royer, an account of the Bohemian epizootic. This epidemic, which he calls *the bovine plague*, declared itself in Gallicia after the passage of oxen from the Russian provinces, and has gradually propagated itself to Moravia and Bohemia. In the former country, from September to December, 1,065 oxen have been attacked, 845 have died, 129 have been destroyed; only 68 have been cured. The disease broke out in Bohemia in September. It appears to be a virulent form of typhus. Every treatment hitherto employed has been inefficacious. The cattle should be destroyed as soon as the existence of the disease has become manifest. It has evidently been propagated in Bohemia by herds coming from infected districts.—*Lancet*, April 5, 1845.

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Induction of Premature Labour.—Mr. Greenhalgh related, at a meeting of the Westminster Medical Society, the case of a lady upon whom premature labour was several times induced in consequence of ovarian disease. On the last two instances, the child born at the seventh month survived.

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Functions of the Pancreas and its influence on Digestion.—MM. Bouchardat and Sandras read a memoir on this subject to the French Acad. of Sciences, April 14th. The authors express the opinion that the pancreas is the organ which, in animals living on feculent substances, secretes the principle (*diastase*). specially destined to dissolve the food, so as to enable it to be absorbed, and that diastase also exists in the bile, saliva, and the secretion of the gastric mucous membrane.

—

Grape Shot extracted from the Lungs.—There is published in the *Provincial Journal*, April 30th, 1845, a letter from Dr. T. Hunter, of the British army, giving some particulars of a very remarkable gun-shot wound. The subject of the case was a Lieutenant Wynn, who on the 2d October, 1798, was wounded in the side. When seen by Dr. Hunter, two months afterwards, he was in the most deplorable state of emaciation and debility, and coughing up at least a pint of purulent matter daily. Dr. H. layed open the wound on the 12th of December, and extracted a grapeshot from the lungs weighing over three ounces and a half. The ball was too large to pass through the interstices of the ribs, and two ribs which had been fractured by the ball in entering having reunited, Dr. H. was obliged to saw away a large portion of a rib to make room for the passage of the ball. The patient was doing well at the date of the letter, two weeks after the operation.

—

Creosote in Nævus Maternus.—Dr. Thornton considers creosote the most effectual application for the cure of nævi materni. He has treated three cases with it successfully, during the past year. It is applied two or three times daily, more or less diluted. Excoriation, ulceration, and gradual disappearance of the nævus ensue; the cicatrix has always been smooth and sound. —*Med. Zeit*, No. 9.

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Terchloride of Gold as an outward application in rheumatic-gouty affections.—The terchloride of gold made into a salve with lard is said to relieve the pain in gouty-rheumatic affections in a wonderful manner.

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Medical Practitioners in London.—It appears from Mr. Mitchell's Medical Directory that the number of medical practitioners in London is 2,157; of these 330 are physicians; 245 surgeons; and 1,582 general practitioners.

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Statistics of Suicides in France in 1843.—In 1843, the number of suicides in all France was 3020, being 154 more than in 1842; the number of suicides in the department of the Seine alone was 551.

Of the whole number 729 were females, or 24 per cent.

There were under 16 years of age 15; octogenarians 20; septuagenarians 70; sexagenarians 384.

The means of suicide were drowning 1098; hanging 954; firearms 450; fumes of charcoal 206.

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CLINICS.

The Intra-uterine Causes of Death amongst Premature Children, and their Treatment.—By J. Y. Simpson, M. D., Prof. of Midwifery in the University of Edinburgh.

The pathological causes that lead to this unhappy result, sometimes in a succession of pregnancies in the same female, are, as far as I have yet investigated them, principally *three* in number, namely,—

First, Peritonitis in the Fœtus, as in the child lying before us. And one remark applies to this and to the other causes,—namely, that in consonance with a curious law in intra-uterine pathology, the same morbid conditions of the fœtus and its appendages are apt to recur to the same woman in successive utero-gestations. When the child dies of peritonitis, the placenta has always a whitish-washed, or bleached appearance, as if it were drained of all red blood, but has no morbid change or deposit in its structure.

The other two causes of the successive deaths of premature children are referable to morbid conditions of the placenta itself, and consist of,

Secondly, Inflammatory Induration and Degeneration of the Placenta, such as you see in several specimens placed upon the table. In this morbid affection, the inflammatory action is generally confined to a limited portion, or a few lobules of the organ, whilst the others are left sound and free. In some cases, however, we find it invading the whole surface of the placenta,—an observation which you will see confirmed by the state of the organ in many cases such as this, which I now show you, where there has been born a secondary fœtus, along with one at the full time,—the secondary fœtus, as it is called, being merely a fœtus which had been destroyed as early as probably the fourth or fifth month, by the morbid alteration which had occurred in the structure of the placenta, or portion of the placenta belonging to it. In inflammatory induration, the morbid deposit and change seem generally to stretch, as shown in this preparation of Mr. Goodsir's, from the maternal surface of the placenta towards the

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent Gratuitously *to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for February.*

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fœtal. The decidual membrane covering the exterior surface of the placenta is sometimes, as here, much thickened by the inflammatory deposit.

The other morbid condition of the placenta,—if we may call it morbid,—which leads sometimes to the successive death of children in the same mother, is

Thirdly, Hypertrophy of the Placenta.—When the placenta presents this condition, the organ is greatly enlarged; the divisions between its lobules and maternal surface are very marked and very deep; and the edge of the placenta seems as it were almost to turn over to a certain degree the boundary of the fœtal surface.

No event is liable to produce more domestic distress and unhappiness than the loss of a succession of children from the intra-uterine causes I have just mentioned. How then may we most easily make out the diagnosis of them; and what treatment will be most successful in averting the evil to which they so generally lead?

The *diagnosis* of the pathological cause of the death of the fœtus, in one or two successive pregnancies, can only be made out, with any precision, by having an opportunity of examining the body of one of the fœtuses and its placenta. In doing so, we may be enabled to observe which of the three causes I have mentioned is the source of the calamity, and to direct our treatment accordingly.

Some years ago, when I was engaged in the investigation of peritonitis in the fœtus, I more than once asked myself the question, in what good could such an inquiry result? I felt utterly sceptical as to its being of any benefit, except as satisfying pathological curiosity. But often when we enter on a subject of pathological study, we really know not to what ultimate results it may lead, and never ought to condemn or eschew any morbid investigation because we do not immediately see any practical advantage to which it may tend. I have latterly become convinced that the study of peritonitis in the fœtus may be made of no small practical utility in the following respect:—

In describing it, in the paper to which I have already referred you in the *Edinburgh Medical and Surgical Journal*, I have, in discussing the exciting causes of the disease, stated, that in some cases the mother, as in the woman Anderson, has been exposed to bodily injury, &c., and after mentioning other probable morbific circumstances, have added, that it appeared to me highly probable, from the investigations I had then made on this point, that a great proportion of those children of syphilitic mothers that die in the latter months of pregnancy, may be shown to have perished under attacks of peritoneal inflammation; and further observations have led me to conclude that the evidences of peritonitis, in several successive children of the same mother, is a pretty certain test of one or other of the parents, especially the mother, being tainted with syphilis.

The practical deduction in the way of *treatment* from this observation in the way of *diagnosis* is evident. It is, I believe, in these cases of successive premature labours, where the child perishes of *peritonitis*, and in these cases only, that mercury and other non-syphilitic modes of treatment are alone useful, though these modes of treatment have been supposed to apply to *all* instances where there is the unfortunate habit of losing the infant in the last months of utero-gestation.

For the treatment of the cases in which the child dies in consequence of disease, not in its own structures, but in the economy and structure of the *placenta*, I believe that totally different principles ought to be pursued; and in a number of instances now, I have had the good fortune to see, in my own practice, these means of treatment followed by the most happy and successful results.

You may easily understand the principles on which I have proceeded in these last affections, if, in the first instance, you recollect that the two functions which the placenta appears to perform in the fœtal economy, are those of nutrition and respiration; or probably we should more properly say, that this organ is the medium of these two functions between the mother and the infant.

When the placenta becomes diseased, it can destroy the infant only, (seeing there is no morbid lesion in the fœtus itself,) by the imperfect manner in which one or both of these functions is performed. Such children, however, as we find in cases of diseased placenta, would not appear to perish from want of nutrition, because in many instances we find them not more lean and atrophied than healthy children sometimes are at the time of birth; and on opening their bodies you have often abundance of deposit of adipose matter. I believe for my own part that they die generally rather from

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the diseased placenta not being able to act sufficiently as a *respiratory medium* between them and the mother, and that the infant in consequence dies from the morbid condition of the placenta, in the same manner as we should die if our lungs were densely studded with tubercular deposits, or extensively destroyed by inflammatory action.

Now the question is—with such an imperfect placenta, (or imperfect fœtal lungs, in other words,) what means can we possibly adopt in order to make this diseased placenta serve as a respiratory organ to the infant for a very few weeks longer; the question being in general one only of a few weeks,—that is to say, if we could preserve the child's life during that period from the action of the deleterious influences of which I speak, we would save the child till it was fit to take on an extra-uterine existence.

I have generally, in cases in which, from the history of the previous pregnancies, I knew the tendency to be to *chronic inflammation and induration of the placenta*, attempted to prevent the inflammatory action which produces the induration from going to any considerable extent by leeching from time to time, particularly at those periods when the woman would have had her catamenia present, provided she were not in the family way, because it is, I believe, at these periods that she runs most danger,—there being, during pregnancy, in many females a monthly *molimen* of blood in these parts, though there be no monthly discharge. But though we may moderate the inflammatory effusions in this way, we can seldom, I believe, prevent them. Hence, our object is to make as much as possible of the diseased placenta efficient as a respiratory organ, or rather to make the respiratory change in the remaining healthy part as active and intense as may be.

To understand how this may be done, consider for a moment how the fœtus does respire or breathe. Its type of respiration, as I have described it to you at other times, is like that of fishes. The blood of the fish is sent into the vessels of the gills in order to undergo the respiratory change which is there effected through the oxygen contained in the surrounding water. The blood of the fœtus is sent into the tufts or terminal branches of the fœtal placenta, (its gills, in other words,) in order to be there exposed to the oxygen contained in the maternal blood, by which these tufts are washed in the cavernous structure of the placenta.

The respiration of the human fœtus is, I say, like that of a fish, then, with this difference, that the blood in the gills of the fish is arterialized by the *water* in which these gills are freely immersed, whilst the blood in the placental tufts of the fœtus is arterialized by the *maternal blood* in which these tufts are freely immersed. We can influence the vitality of the fish by the quantity of oxygen in the water applied to its gills. I believe we may do the same with the fœtus, by changing the quality of the maternal blood applied to its tufts.

Then comes the question, by what measures could we render the maternal blood as highly an oxygenized medium as possible, in order that, when it is applied to the fœtal placental tufts, it may make up by the quality or intensity of the respiratory change, which it there produces, for that loss of quantity which is a necessary consequence of a portion of these placental tufts being already destroyed by disease?

I have attempted to do this, and in a number of cases, as I have already stated, apparently with perfect success, by keeping the patients constantly on small doses of alkaline salts, such as chlorate of potass, nitrate of potass, bicarbonate of soda, &c., given several times a day, on an empty stomach, exactly as Dr. Stevens, some years ago, proposed to do for the restoration and arterialization of the unarterialized blood in fever patients.

You are aware that the addition of alkaline salts to the blood in this way appears to promote greatly—I had almost said to impart—arterial changes and properties, and that in a way which physiologists and chemists have not yet been able satisfactorily to explain. If you cover a coagulum of newly drawn venous blood, with a thin layer of water, the surface of the blood continues to retain its black colour. If you add alkaline salts to the intervening layer of water, the air will very speedily act through this medium so as to render the clot of a red arterial colour.

Patients have repeatedly averred to me, that the use of the salts I have spoken of, has a perceptible influence on the strength of the motions of the fœtus,—or, in other words, on its muscular power and vigour for the time being; but the observation is liable to so many fallacies on the part of the parent, that, probably, we should not build much upon it. But if these salts act in the manner which I suppose, on the maternal blood,

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the fœtus, under their use, is just placed in a better and purer atmosphere, (to use language applied to extra-uterine life,) and in this better atmosphere is capable of living for a few weeks longer than it otherwise would have done. I think it might be a matter of some chemical importance to inquire, what special salts would probably be of most use in rendering the mother's blood as highly an arterializing medium as possible, and if the use of iron in any form would increase its power in this respect. The subject is quite open for inquiry, and one in regard to which I know not any very accurate existing data.

I have stated to you that *hypertrophy of the placenta* seems to occur successively in different pregnancies in the same woman, and sometimes to be a cause of the death of the infant in the last weeks. One of the preparations on the table is a specimen of this diseased condition, and the patient from whom it was taken had produced six or seven dead-born premature children. Mr. Goodsir has directed his attention particularly to this effect of hypertrophied placenta, and similar observations have been made by some continental accoucheurs. It is difficult to say how the hypertrophy of the placenta destroys the functions of the organ, for in the specimen before you there was no special lesion in the body of the child itself. Sometimes, however, the child presents dropsical effusions, such as anasarca and ascites. Probably the mutual compression and impaction of the different lobules and parts of the hypertrophied placenta on each other, are such as to diminish and destroy its action as a respiratory organ, and to impede the circulation through its vast collection of vessels. Under these circumstances, the alkaline salts might also be of use in the way of lengthening, for a time, the intra-uterine life of the infant.

In all the three series of cases which I have adverted to, that is to say,—in cases where children of the same mother have died successively of peritonitis before birth,—where a series of children have been lost from inflammatory induration of the placenta,—and where the hypertrophy of the placenta has acted in the same way,—in all of these, I say, I believe that the *induction of premature labour* about the seventh or eighth month ought to be a point of treatment held in view, and frequently had recourse to. I look upon this remark as especially holding good with regard to the placental cases; and that obstetric authors should add (what no one of them, so far as I know, mentions) the diseased states of the placenta to which I have alluded, as a *cause* for the induction of premature labour, when they have recurred several times upon the same mother, and produced death of the child but a few days previous to its birth. Out of three cases of diseased placenta which have been under my care since the commencement of the present year, in two I induced premature labour successfully, as regards both mother and child, one of the patients having previously lost six, and the other three children. I had thoughts of allowing the third to go on to the full period, but fortunately, natural premature labour came on about the eighth month, and a living child was born. The placenta was so destroyed by inflammatory induration in this last case, that I am sure it could not have served as a lung for the child for a much longer period. Nature here pointed out strongly, and effected, by her own efforts, what ought to be done by art in similar instances.

In this and other instances where premature labour is required, the introduction of a sponge tent into the orifice of the uterus is by far the simplest and the safest means. In one of the two cases which I have just mentioned, a tent was put in at 12 at noon, and a larger one about 8 in the evening. Pains came on in an hour or two afterwards, at a time when the os uteri was *already* dilated by the action of the tents, and the first stage of labour, as it were, *half completed* before labour pains had yet begun. In 13 hours in all, after the introduction of the tent, a living child was born. It is seldom, however, that uterine contractions occur so speedily after the commencement of these or other measures for their induction.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Homœopathy in Italy. By Edwin Lee, M. D.—Homœopathy has long ago been judged in France. Science, this time in accordance with public opinion, has condemned it without appeal. It is dead, absolutely dead, notwithstanding some useless attempts at galvanizing after the blow. Its existence was there most ephemeral; scarcely are any of its proselytes now to be found in Paris, and hardly half a dozen in the provinces.

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There are some minds which seem naturally to be seized with a vertigo in the presence of novelty, or of an extraordinary unheard-of fact. Every new thing assumes in their eyes the colour of truth; their good sense succumbs before every thing which is invested with an original character. This disposition depends upon the exaggeration of a legitimate sentiment; for who in the present day is not an advocate for the progress of science? who would dare, for instance, to pretend that medicine has reached its utmost limits, and who would wish to retain it within the bounds of ancient traditions? But wise and prudent men are careful, before entering upon a new path, to watch its direction, and to estimate its solidity. When they give a judgment it is with reserve, and with circumspection. This has appeared to us to be the only rational position to take with respect to homœopathy. After having studied it in its books, its journals; after having assisted at its experimentation at the bed-side of patients, and in hospitals; we concluded by pronouncing that Hahnemann is no more than the missionary of a paradoxical idea, destroyed *à posteriori* by observation, ruined by examination, and of which all the value is reduced to a last blow at the doctrine of Broussais.

Homœopathy made itself a favourable argument in Italy. Of its pretended universal application in France, which was the counterpart of its representations in Paris, where it proclaimed the whole of Italy to be converted to its dogmas; that the sovereigns and population of the peninsula could not dispense with the help of its new materia medica; and that even teaching was imbued with its principles. In the presence of such facts, asserted with so much audacity, we deemed it requisite to follow up our former investigations, and to submit the doctrine to a new judgment, inasmuch as we might suppose it to be better appreciated elsewhere than in our own country. But we have had the demonstration of the falsehood of these assertions, which were doubtless unknown to the official propagators of the new German theory.

And, in the first place, what is now to be understood as homœopathy? It is, perhaps, the sentiment of Hahnemann literally expressed in his writings, free from any amalgamation of the medicine of his opponents, which he so strongly denounces. In fact, in his eyes ancient and modern practitioners represent so many homicides, armed with diplomas sanctioned by the laws, exercising with impunity a fatal profession. Is it that exclusive theory, based upon so minute and difficult a symptomatology, with its infinitesimal and almost impalpable doses, possessing, nevertheless, a miraculous activity? Or is it this same doctrine modified, more tolerant, less forgetful of the scientific genealogy, of which its adepts remember to have seen formerly some real and efficacious effects; which will neither give up bleeding in apoplexy and in pneumonia, nor sulphate of quinine in large doses in intermittent fevers? The few disciples of Hahnemann in France now adopt these mixed ideas; they believe in this medical *juste-milieu*.

Well, whichever of them be meant, Italy rejects at the same time all these gradations; it neither believes in the genius nor in the wonders of Hahnemann, notwithstanding a natural inclination for all that comes from Germany. At Milan, homœopathy constitutes the practice of two or three Austrian physicians. At Lucca, one of its followers is patronized by the Duke, who, however, likewise keeps near him a very orthodox allopathic physician.

We were for a long time curious to know the opinion of Tommassini, this patriarch of Italian medicine, with regard to homœopathy; and the more especially as they arrive at conclusions diametrically opposed—as far as the poles asunder—the one prescribing infinitesimal doses, and the other enormous quantities of remedial substances, even in the opinion of French physicians. We therefore took an opportunity of asking the Professor of Parma, what was, in his eyes, the medical value of homœopathy. To this inquiry he first of all stated that the same question had been proposed to him in the same terms, in a meeting of the Royal Academy of Naples, and that he had refused to express his opinion in public, inasmuch as he had made no trials of the doctrine; but that at a later period, after having made it the subject of serious examination, he had frankly expressed himself in a discourse to his pupils while residing at Bologna.

"I do not conceive," said he, "that a method sometimes innocent, but often dangerous, can be adopted. I can understand that, in chronic diseases, in complaints where the beginning of a new treatment can be postponed to the following spring, in

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which one amuses the patient instead of subjecting him to a curative method, homœopathy is exempt from serious inconveniences—as, for instance, in asthma and other diseases of the same nature; but it does not do in this manner when acute affections are under consideration—pneumonia, enteritis, or when an organ is threatened with gangrene, in which, from Hippocrates down to the present day, energetic remedies have been with reason recommended—bleeding, leeches, purgatives, &c. I would then mistrust a doctrine which has no regular origin, and refuses all paternity."

If any thing more were required to corroborate so explicit a condemnation, we would add that the Italian youth, so animated, ardent and eager after fresh knowledge, and withal liberal enough not to receive, without examination, opinions already formed, to whom both the present and future belong, without being burthened with doctrines and practices more or less ancient, did not receive the doctrine of Hahnemann in a more favourable manner than others. We have seen many students and many young professors, but have not known one who had declared himself his follower.

The population also disdained the numerous benefits which it was pretended they would enjoy, and homœopathy was not in this respect more successful in the peninsula than in France. Its course may be likened to that of the practice which thought to ascertain all diseases by means of an inspection of the urine—and to that of all universal panaceas which appear, and die upon being subjected to trial, as, for instance, the hydro-sudopathy, to which a premature end may be predicted. Nevertheless, it must be confessed, that Hahnemann's theory rests upon a more dogmatical principle, perhaps, because its author lived a long time in Germany, a land so erudite, so abounding in synthetical ideas, and evidently for the reason that it arises from the vitalist theory, which is the daughter of the Stahlian *animism*. On the other hand, we must not forget, that for its part it was fortunate in its criticisms directed against the anatomo-pathologists, whose material conceptions were concentrated to so circumscribed and exclusive a point of view.

In order to omit nothing that may tend to elevate the progressive element of homœopathy, it must likewise be affirmed that by its means allopathy has been brought again to the study of the moral part of man; which study has been much neglected since the close of the eighteenth century. Nevertheless, the medicine of the mind is no less important than that of the body; or, to express the idea better, science should never separate the one from the other in their reciprocal and harmonical relations.

In conclusion, homœopathy has neither been able to introduce itself in Italy, in instruction, nor among the true public (by which is meant the most numerous class): accident cast it, in the first instance, into the centre of some courts. Some princes have favoured it, from the singularity of its practices; but it is a remarkable circumstance, that in a country where the heads of society are held in immense estimation, it has scarcely been able to make a single proselyte, and its power of propagation has been extinguished by a universal indifference.

At the present time one must search in the recesses of some salons, in order to meet here and there a disciple of Hahnemann. Most frequently they introduce themselves in the wake of an exceptional and extraordinary cure. For us who are accustomed to believe in the remedial powers of nature, we will not deny the greater part of the facts thus loudly proclaimed, but we will reserve to ourselves the right of interpreting them to those who have learnt by observation and study, that which science would lead them to conclude from their investigation. All these men, professors and practitioners, ascribe them to regimen, and the conservative power of the living economy: both of which were perfectly recognized by the ancients, those reasonable and enlightened advocates of the *medicine expectante*.

Conclusion.—Homœopathy still exists in Italy, but it is declining, and about to disappear: it has neither professorship nor clinics. Once the ward of an hospital was confided to it at Naples, but it lost it for reasons of impotency well and duly verified. Reduced at the present moment to the treatment of some chronic diseases, which do not require active means, its hopes rest entirely upon the prepossessions, the prejudices, or the caprices of persons but little capable of judging it.—*Lond. Med. Gaz.*, January, 1845.

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Hydropathy.—The hydropathic mania ap-

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pears to be diminishing. The past year there were only 600 patients at Graeffenburg, whilst each of the preceding three years there were 1500.—*Journ. de Méd. et de Chirurg.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Hare-lip in Negroes.—A writer in the *Western Lancet* inquires whether the negro is subject to hare-lip; and states that of the thousands of negroes he has seen in slave and free states, not one had hare-lip. This question is worthy of attention.

Medical Society of the State of Tennessee.—This society held its sixteenth annual meeting in Nashville, on the first Monday of May last. Several papers were read, and a premium of fifty dollars was offered for the best essay on Scrofula, to be awarded at the next regular meeting in May, 1846. The essays must be transmitted to Dr. Felix Robertson, Nashville, post paid, on or before the first Monday in March next. The usual forms to be observed.

Pennsylvania Hospital.—The number of patients treated during the year ending 4th April, 1845, was 1044. Of these there were discharged 956, remaining 88. The average number of patients maintained in the hospital during the past year, was 102, of whom 81 were on the poor list. The total number of accidents treated during the year was 346.

Massachusetts Medical Society.—The annual meeting was held on Wednesday, the 28th of May last, on which occasion four hundred physicians dined together. The annual address was delivered by Dr. W. J. Walker, of Charlestown, and elicited from the audience unusual expressions of satisfaction.

New York State Medical Society.—Part II. vol. VI. of the Transactions, containing the proceedings of the Society at their last annual meeting, and several interesting papers, has been published.

Journal of Prison Discipline and Philanthropy.—This is the title of a very useful periodical issued by the "Philadelphia Society for Alleviating the Miseries of Public Prisons." It is to appear quarterly, each No. containing 96 pages, 8vo. Subscription two dollars per annum. The two numbers which have been published contain much useful and interesting matter. The object of this publication is purely philanthropic, and it ought to receive substantial encouragement.

Mortality of Boston.—The number of deaths the past year was 2241, of which number 1109 were children under 5 years of age. The deaths from consumption were 305.

FOREIGN INTELLIGENCE.

Endermic use of Strychnia in Functional Amaurosis. By Dr. Wimmer, of Munich.—Pure strychnia, when used by the endermic method, exerts an effect equal to that of the nitrate, or hydrochlorate. If rubbed into the vicinity of the eye in quantity so small as that of a quarter of a grain, it produces a sensation of violent burning, with increased lachrymal secretion, accelerated pulse, headache, vertigo, and obstructed respiration. Two or three hours after it has been applied, convulsive movements set in, accompanied with shooting pains in the head, extending to the affected eye; these disappear as soon as diaphoresis is induced. Two grains and a half produce the above symptoms, besides great restlessness. The author prefers the endermic, to the internal use of strychnia: 1st. Because the remedy can be applied to the affected spot itself. 2d. Because smaller doses are required. 3d. Because a useful change of remedies can be more easily effected. For the purpose of excoriation, a blister is used by the author in preference to other means. He applies it to the supra-orbital, or temporal region, and when the part is excoriated, the strychnia, mixed with saliva, is then rubbed in, and the wounded spot covered with waxed paper. It is necessary to begin with the smallest dose of strychnia, and to increase it gradually and carefully. The writer of this paper strongly dissuades medical men from directing the application of strychnia behind the ears, as he has witnessed violent tetanic convulsions from such an application.—*Med. Times*, May 3, 1845.

Extraordinary size of a healthy Fœtus and Placenta.—Dr. Horneblow relates, in the *Med. Times*, (March 8,) having delivered

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a female of a child which weighed 13 pounds 2 ounces, and measured 23½ inches. The placenta weighed 3¼ pounds.

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Mark of Strangulation from the Umbilical Cord.—Dr. MUTTER was required to attend a female in labour with her second child; the breech presented, and parturition proceeded favourably until the whole body of the child was expelled, when some difficulty occurred in extracting the head owing to contraction of the outlet. The child was dead, however, before the head entered the pelvis, for, as soon as the umbilicus was born, the cord was found to be pulseless. The funis was firmly entwined round the neck, and when removed, the neck exhibited a livid ring of a finger's breadth, smooth and shining; on cutting into this mark no subcutaneous ecchymosis was found.—*Med. Zeit.*, No. 3, 1844.

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Treatment of Cephalæmatema.—M. CHARELY has used with success, in cases of the above named affection, a powder which he terms the *poudre d'amidon camphrée*, composed of four parts of camphor and forty of rye-flour. This he sprinkles over the swelling, covering it with a thin layer of cotton wadding, and in the course of fifteen days the tumour disappears. M. C. was induced to try this in consequence of the bad effects resulting in some cases from the cold produced by the application of evaporating and discutient lotions. — *Northern Journ. of Med.*, Jan., 1845, from *Clinique des Hôpitaux des Enfans.*

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Effects of Compressed Air.—M. TRIGER, an engineer, having to work a mine in the immediate vicinity of the Loire, in order to throw back the water, kept up a pressure of several atmospheres by means of a steam-engine. The men working in air thus compressed to three atmospheres, experience at first pain, more or less intense, in the ears; this pain ceases as soon as the mercury in the manometre marks an altitude of three centimetres. Deglutition also at once dissipates it, owing, probably, to its carrying, through the Eustachian tube, to the central ear a certain proportion of air, which re-establishes the equilibrium of pressure on the tympanum from within and without. The intensity of the pain depends a great deal on the state of the health. Drunkenness always renders it intolerable.—*Lancet*, April 5, 1845.

Vaccination and Revaccination. — The American Journal for the present month contains an extremely interesting report made by the committee of vaccination to the French Academy of Sciences. The conclusions are favourable to the protective powers of vaccination for a limited time; to revaccination after fourteen years; and to the renewal of the vaccine virus from the cow as frequently as possible.

—

Hydrophobia produced by the bite of a healthy horse.—A case is copied in the *Journal de Médecine* (Jan., 1845), from *Oesterreichische Med. Wochenschrift*, (1844,) of a domestic, ætat. 30, who had been *bit three years before* by a *horse* at that time *healthy*, and which had since continued so, in whom well characterized hydrophobia was developed, and proved fatal after nine hours sufferings!

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Eneuresis Paralytica.—With two women the pressure of the child's head on the bladder was the decided cause of a paralytic state of the muscular sphincter vesicæ. Acting on this opinion the author cured the eneuresis in a few days, by administering pulv. secal. cornut. (gr. iv.) with pulv. canthar. (gr. 1-6th), one powder to be taken every three hours, besides external frictions with tinct. canthar. and mist. oleos. balsam. In the case of an old man, who had been formerly affected with hemorrhoids, and in whom the eneuresis was produced by sudden cold, abstraction of blood, and the anti-hemorrhoidal treatment were of no use, so that the author ordered—℞. Decoct. secal. cornut. (ex. drachm ½), unc. iv; inf. herb. bellad. (ex scrup. i), unc. ii; acid. phosphor. drachm. ii; extr. nuc. vomic. gr. v; syr. mann. unc. i.:—a tablespoonful to be taken every two hours. In all these cases the disease rapidly improved, so that, after a few days the following was ordered—℞. Extr. bellad. gr. iv; extr. nunc. vom. gr. vi; acid. phosphor. drachm.; fifteen drops to be taken three times a day. A tonic, with aromatics, completed the cure.—*Med. Times*, May 24th, 1845, from *Casper's Wochenschrift.*

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Obituary Record.—GILBERT BRESCHET, Professor of Anatomy in the University of Paris, died on the 10th of May last, in the 53d year of his age, after a long and painful illness.

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THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Clinical Lecture on the Treatment of Stumps. By Wm. Fergusson, Esq., Prof. of Surgery in King's College, London.

Gentlemen:—Having lately been engaged with the subject of amputation in my lectures at the college, I intend now, in accordance with the promise which I made on a recent occasion, to draw your attention to the mode of treating the wounds, which the surgeon, of necessity, makes in these operations,—a subject which can be more practically discussed in the hospital than in the theatre of the college. I have the greater satisfaction in finishing my lectures on amputation in this manner, as we have recently had a variety of opportunities of witnessing the practice which we are in the habit of pursuing in this institution in such cases.

A stump of the thigh gives a good example for illustrating the general principles of treatment, and having had three cases of the kind under observation since the beginning of the session, we may not possibly have a more favourable time than the present, for the objects of such a lecture as that in which we are now engaged.

In former clinical lectures, I have alluded to the cases in question, but chiefly with the view of pointing out their histories, and the causes which seemed to render amputation necessary; and as you have now witnessed the treatment subsequently pursued in all of them, you have had opportunities of judging for yourselves as regards the results.

The cases were:—

I.—Sarah Crantz, æt. 18, congenital paralysis, and deformity of lower extremity. Amputation performed at her own desire. Operation on lower third of thigh, by double flap, anterior and posterior. Limb removed 8th October, 1844, at half-past one o'clock, P. M.; wound permanently dressed at eight in the evening.

October 13th.—Some of the dressings removed for the first time.

15th.—Dressings entirely renewed.

31st.—Wound completely cicatrized, excepting a small circumscribed spot.

II.—Morris Welch, æt. 42. Ulceration within knee-joint; hectic; October 12, 1844,

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent Gratuitously *to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for February.*

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at half-past one P. M.: double flap operation (anterior and posterior) six inches above joint: wound dressed in the evening.

Nov. 28th.—Stump entirely healed.

III.—Eliza Sanderson, æt. 27. Chronic ulceration of knee-joint, of ten years' duration.

Dec. 7th, 1844.—Limb removed, as in preceding cases. Wound dressed at the time of the operation.

18th.—Old dressing removed for the first time: wound ordered to be dressed daily afterwards.

January 1st.—Stump nearly well.

22d.—Walking about the ward in better health than she has enjoyed for years.

Although it is not customary to include the formation of the stump as a part of the treatment, (as it may be said that the treatment does not actually begin until the stump is formed by the process of severing the diseased part,) I am, nevertheless, inclined to consider that much connected with the results, as regards the qualities of a stump, depends upon the manner in which the operation is performed: and I, therefore, deem it the duty of the surgeon so to conduct his incisions, and so to fashion the soft parts, as to give himself the smallest possible amount of after-trouble, and ensure his patient as good a covering to the end of the bone, which must of necessity be divided, or exposed, during the operation, as the circumstances will permit. The common rules of practice are as much to be attended to here as under other conditions. Thus, when the surgeon has to remove a tumour which has caused great distension of the skin, he has to calculate how much of that tissue he must take away with the disease,—how much he must reserve, to permit the wound to be dealt with according to the common method of dressing, so as to procure immediate union. If the skin be much distended, he must take away a portion of it, else, were a single line of incision on the surface employed, there would be such loose folds as might endanger a collection of matter, for the surfaces could not be accurately laid in contact. On the other hand, were he to take away more skin than the circumstances demanded, he would be unable to bring the cut margins into contact, and so could not secure a speedy union. In either proceeding he would err, and the rule is to follow the medium course. A similar rule should guide the surgeon as to the amount of soft parts which ought to be left in forming a stump: if he leaves the materials too long, the wound is unnecessarily large, and if they be too short, the end of the bone cannot be properly covered. He must steer the medium course here as well as under the circumstances alluded to above, and some consideration is required ere the knife is applied, as to the length and position of the incisions to be made.

It is the custom for some to give rules as to where the incision should be made, but there are so many things to be taken into consideration in each individual case, that I should not recommend you to trust entirely to such rules. I stated when I was showing these operations on the subject that I trusted to my eye chiefly in determining the length of the soft parts intended to form the stump. These are made in proportion to the thickness of the limb, but in one instance it may be requisite to have them much longer than in another, for in certain cases the elasticity of the parts, as well as the natural action of the muscles, will cause far greater contraction than in other examples. In a chronic affection, when the muscles have been long out of use, they will probably not retract or contract so much as when amputation is required immediately after compound fractures. As a general rule, it is well to leave the parts rather long than otherwise, for you will then have less trouble with the stump than if the parts were short. It ought to be borne in mind, however, that under any circumstances, and whether the stump be well or ill formed at first, its ultimate condition will depend greatly on the treatment pursued for weeks or months after the operation. The best cut stumps may turn out badly if the surgeon or his assistants be regardless of the after treatment, while even in cases where there has originally been some defect, much may be done by care to bring the parts into a creditable condition.

The mode of operation followed in the cases to which your attention has been directed, was that of the double flap, one from the anterior part of the limb, the other from the posterior. In such an operation it is of great consequence to keep the posterior flap considerably longer than the anterior. In front, the muscles and other soft parts retract but slightly, compared with those behind, where those muscles which pass from the pelvis to the leg, without taking any attachment to the femur, contract so greatly,

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that unless they be left considerably longer than in the anterior incision, they will assuredly give the stump a very awkward appearance, by drawing the parts upwards and backwards, so as to cause the bone to appear very imperfectly covered by the tissues in front of the limb.

I am inclined then to consider, that it is as much the duty of the surgeon to look to the fashion of his incisions, before and during the time of his operation, as it is his custom with reference to other operations, but this of course, forms only a small part of his duty on such occasions.

The attention of the operator, as soon as the limb is severed, is immediately given to the vessels. Whatever he may have done to stop the circulation in the limb, during the requisite incision, he has to look to the means of securing the vessels by a method more permanent than by the hand or tourniquet. The main artery of the limb, and such others as are likely to bleed freely, must be secured with the thread, or in such other mode as the surgeon may choose. The ligature (for reasons which I have often explained to you before) is the method which I prefer to all others; it ought, in my opinion, always to be chosen before torsion; for, notwithstanding the high authority of Amussat and Fricke in favour of this practice, it possesses no such advantages as should supersede the ligature. In taking up the arteries I usually proceed thus:—I look for the known site of the main artery, and seize the vessel between the nails of my thumb and forefinger, or possibly I use the forceps—the ordinary dissecting forceps—and carefully separating the surrounding tissues, at the same time drawing the artery slightly out of its sheath, have it encircled by a ligature, which is fastened in the ordinary way with a double knot. For the smaller arteries I generally use the forceps: the end of the vessel lying between the blades is gently pulled out, and the assistant puts on the ligature as with the larger vessel. In the thigh below its middle, one ligature, or possibly three or four may suffice, but occasionally as many as a dozen may be requisite. I am in the habit of securing every vessel which conspicuously throws out arterial blood. It saves much trouble and pain afterwards, for such vessels are apt to bleed so freely after the patient has been put to bed, and has in some degree recovered from the shock which usually follows the operation, that it may become necessary to undo all the dressings, open up the raw surfaces so as to expose them again to the air, or to have more ligatures applied. I have never yet traced any serious results to the presence of a few additional ligatures, which possibly might not have been absolutely necessary; and the security, from their presence, amply compensates for any extra irritation which they may be supposed to cause. Sometimes a tenaculum is more serviceable than the forceps in laying hold of the arteries, or perhaps the hook-beaked forceps will be found useful.

The method of twisting the arteries (torsion) is such as I show you here (the method was exhibited on a stump in the dead subject): with a strong pair of forceps, whose blades can be kept closed with a catch, I seize the end of an artery, isolate it, and having drawn it from the sheath for half an inch or so, grasp it in a transverse direction with another pair of forceps similar to those first used, and then holding the vessel steady with the instrument last applied, I twist the end of the vessel round some four or six times, when on removing the forceps, the mass remains in the condition into which it has been thrown, the tunics having become so twisted and matted together that they do not become undone again. It must be evident that this process cannot be effected in all vessels, and I should consider it unwise to adopt it as a substitute for the ligature. (The usual methods of securing the arteries with the forceps and tenaculum were now mentioned and exhibited, and notice was taken of the kind of ligature generally used on such occasions.)

Bleeding from the veins may be somewhat copious, especially from the main vein in the upper third of the thigh, unless care be taken to apply pressure with the point of the finger; but very slight pressure in this way will suffice to restrain the flow until the wound is about to be closed, and when this is done the bleeding immediately ceases. A ligature is rarely required on such vessels.

The bleeding being arrested, the surgeon has then to close and dress the wound. Whilst attending to the vessels, he will have to use the sponge from time to time to wipe away the clots of blood, and in taking his last look at the surface, he will probably apply the sponge over it once more, so as to make it thoroughly clean. The ends of the ligatures are now to be laid where they can

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be hung out of the wound, and I generally prefer putting them where they will have the most direct way to the surface. I place one by itself, or two or three together, as may seem most convenient, and commonly make a knot on the thread which surrounds the main artery, so that I may recognize it when it separates. The surfaces are now brought accurately together, and while an assistant gives careful support to the flaps, the surgeon secures their edges to each other by a series of stitches of the interrupted suture, four or six at least being requisite; and the spaces are accurately adjusted and the surfaces held together by means of straps of adhesive plaster. Next a piece of lint, dry, or wet with cold water, as you choose, or else spread with simple ointment, is laid along the track of the wound, and finally a roller is carried round the stump from above downwards; that is, from the pelvis along the thigh, so as to give support and steadiness to all. A few turns of the roller are made across the wound, these being suitably secured by several additional circular turns near the end of the stump, and so the dressing for the present may be deemed completed. (The process of dressing was here exhibited on the subject.)

On some occasions the propriety of closing the wound in the manner just described, may be questioned. From the continued oozing of blood from numerous small vessels, the surgeon may suspect that it will continue for a considerable time, and separate the surfaces, were he to close them. Under this impression, it is better to leave the wound open for a few hours until all bleeding has ceased, and this, as you will remember, was done in two of the cases under notice. But some surgeons always treat their stumps in this manner; they do not dress them till the lapse of six or eight hours after operation; at this time the blood having ceased to flow, and the surface being covered with an exudation of lymph, the parts are accurately laid together, and the dressing is conducted as it usually is at the time the patient is on the operating table. I think well of this practice in many instances, though as a general one, I prefer the mode of completing the first dressing as part of the operation.

Some difference of opinion still obtains as to the use of stitches in closing wounds. For my own part, the more I see of practice the more am I satisfied that they are to be preferred to all other modes. I have never, on any single occasion, seen reason to attribute bad results to their use, and I have so far modified my own practice, that instead of cutting them out on the second or third day of their introduction, I allow them to remain for days longer, sometimes till the eighth or tenth; often till one end ulcerates out. It is only, however, when there is no evidence of their presence causing irritation that I do this, for if they seem to fret the parts I take them away immediately. The straps of plaster are so placed as to leave most of the stitches uncovered, so that when the next dressing is being attended to, you can deal with the stitches as may be deemed advisable.

After the first dressing, it is intended that nothing further shall be done for the next two or three days; but an important feature of treatment must be attended to during the interval, and this has reference to the position of the stump. The limb should always be so laid as to obviate any stress upon the surfaces where union is expected. In the thigh, for example, the part should be kept nearly on a level with the bed. Most patients desire to have the part bent upon the pelvis and so supported with pillows. In some the previous bent state of the limb predisposes to this attitude; but it is infinitely preferable that the end of the stump should be kept down, for if it be allowed to remain in an almost upright position, the weight of the soft parts is apt to endanger an exposure of the end of the bone, and much greater care in such a case is required in the application of a bandage in the after-treatment, than if the limb were kept horizontal.

If the patient has no particular uneasiness about the wound, it may be well to leave it till the third or fourth day: generally it is desirable to look at the part on one or other of these days: possibly this may be requisite on the second day, or you may not see reason for interference until some later date. However, when you do resolve to uncover the parts, you should have them soaked with moist warm cloths for several hours before you can undo the dressings. The moisture, thus applied, will permit them to be more readily separated. The bandage had better be cut, for you can remove it with less disturbance to the adhesions, than by attempting to unroll it. The roller and lint being removed, you will take away the straps or not as may seem necessary: if they

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be not soiled, let them remain; and do not meddle with the stitches either, if this is the case. Put on a clean piece of lint, spread with unguentum cetacei, and cover all with a roller again, just as on the first occasion. Pay the same attention to position, and next day undo the roller, or cut it if you choose, and repeat the steps. On this occasion, however, it may be requisite to remove some of the straps, and put on fresh ones. You may also see the propriety of cutting away some of the stitches. Afterward the process of dressing every day must be repeated: and within the first three or four, all the stitches and original straps will probably be removed. By the tenth or fifteenth day, most, or all of the ligatures will have separated, and, if all goes on well, the sores and sinuses left behind them will close rapidly. A change of ointment, or from time to time, a new lotion, may be used with advantage, just as you would vary them in an ordinary ulcer:—and so the treatment comes to a satisfactory conclusion. Let me advise you to pay the utmost attention for many weeks after to the application of the bandage. The good quality of the stump depends greatly on the care bestowed on this part of the business. However well the stump may be formed originally, it may turn out badly in the end, if neglected in this respect. In the early stages of treatment the bandage need be but loosely applied,—just sufficiently tight to support the flaps, but latterly it may be used with more force, and the shape of the stump may be completely controlled by its judicious use. The treatment now described has been pursued in the cases which have been under your notice. Fortunately for the patients, every thing has gone on favourably, and you have not had an opportunity, as yet, of witnessing the casualties which happen, from time to time, in this department of surgical practice.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

National Convention.—The New York State Medical Society, at its last annual meeting, adopted resolutions recommending a "National Convention of Delegates from the Medical Societies and Colleges in the whole Union, to convene in New York on the first Tuesday in May, 1846, for the purpose of adopting some concerted action for elevating the standard of Medical Education in the United States."

Ligature of the Subclavian Artery.—It is stated in the New Orleans Medical Journal, (July, 1845,) that this operation has been twice performed by Dr. A. Mercier, of N. Orleans. The first operation was performed last year, for false aneurism of the axillary artery on the left side; the patient died from secondary hemorrhage. The second was performed on the 21st of June last, for aneurism of the subclavian itself, also on the left side. The case promises favourably.

Transylvania University and the Navy.—In an article published in a New York paper it was asserted as "a remarkable fact, that at the last examination of applicants for the appointment of Assistant Surgeons for the Navy, out of thirty examined, only sixteen were found qualified, and that the fourteen rejected as incompetent, were graduates of the Medical Colleges of Lexington, Ky., and Cincinnati, Ohio."

Though we cannot believe that such a statement will gain the least credence, still as those who have been thus slandered desire that their vindication should be published, we with pleasure insert the following letter from a member of the Naval Board to one of the Professors of the Transylvania School.

"Philadelphia, April 21, 1845.

"Sir:—I have this day received your letter of the 15th inst., proposing the following queries, viz:

"'How many candidates for examination for the place of Surgeon or Assistant Surgeon in the Navy, have you known, to have reported themselves as graduates of Transylvania University?'

"'How many of the same have been found unqualified?'

"It gives me pleasure to state, in reply, that of the candidates for admission into the Medical Department of the Navy, rejected by the last Board of Naval Surgeons, not one was a graduate of either Lexington or Cincinnati; nor has any graduate of the Transylvania University yet presented himself before any Board of which I have been a member.

"I am, very respectfully, yours, &c.

"Sam'l Barrington,
"Surgeon, U. S. Navy.

"To Thos. D. Mitchell, Prof. Mat. Med. and Therap., Transylvania University."

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Laporte University, Indiana.—The number of students the last session was 45, of whom 6 received the degree of M. D.

Castleton Medical College.—The number of students at the spring session of this school was 136, and at the close on the 18th June, 35 received the degree of M. D.

FOREIGN INTELLIGENCE.

Injection employed by M. Payan, in Abscesses with Fetid Suppuration. — Ten grammes of Labarraque's liquid chloruret of soda, 200 grammes of water, mixed together. This injection is very useful to correct a vitiated condition of pus, and to prevent or remove the pernicious effects which it may produce on the system. Having employed it several times, says M. Payan, in cases of fetid suppuration, I have had occasion to congratulate myself on using it; it deprives the pus of its bad odour, as well as of its irritant and deleterious properties; the suppuration soon resumes its normal qualities, and the symptoms of fever, and even of purulent resorption, often disappear with a rapidity truly surprising, when the disease is not beyond the resources of art, either by its nature or by the previously existing lesions.—*Med. Times*, from *Bouchardat's Annuaire*, 1845.

Therapeutic application of the Ammoniacal Vapours.—Gaseous ammonia has long been employed in the treatment of certain chronic ophthalmias; the remedy used in such cases is a mixture disengaging ammonia, known by the name of *collyrium of Leayson*. Latterly M. Ducros has employed ammonia in nervous asthma and some other affections. The results that have been obtained have been greatly exaggerated among the non-professional public; the following is a very clear resumé which was given in the *Journal des Médecine*, published by M. Beau, with respect to the therapeutic application of the ammoniacal vapours:—

We especially recommend its use in the following cases:—Chronic laryngitis, with aphonia, a more or less complete extinction of the voice, all the chronic and subacute pharyngeal anginas, which frequently occur between the age of twenty-three to fifty in dartrous patients, or in scrofulous persons, subject to acute angina in their infancy or youth, as also in obstinate coryza of long standing; in nervous asthma, whatever may be the degree of pulmonary emphysema which is present, and in spite of the existence of chronic, mucous, or pituitous catarrh; in certain chronic ophthalmias or conjunctivitis; and, finally, in simple or recent amaurosis. This measure, aided by the repeated application of blisters to the temple and superciliary region, appears to act in the same manner that they do, by stimulating the nervous expansions of the fifth pair of nerves, and produces advantageous effects in similar cases.

To fulfil these different indications, either in the preceding case, or in the diseases of the conjunctiva, of the mucous membrane of the nasal fossa, larynx, or bronchi, all that is requisite is to pass more or less rapidly before the half-opened eyes, or else under the nose and mouth at the moment of inspiration, an uncorked bottle, containing liquid ammonia, at from 20° to 30°, according to the necessity and indications of the case. In cases of asthma, the posterior paries of the pharynx may also be touched with a camel-hair pencil dipped in concentrated liquid ammonia.—*Ibid.*

Berengier's Pills for the cure of Incontinence of Urine.—Balsam of copaiba, hydrate of the peroxide of iron, each ℥j; carbonate of magnesia a sufficient quantity. Make into pills of four grains each. From two to ten to be taken daily.

Chabreley's Pills against Incontinence of Urine.—Balsam of tolu, ℥ij; storax balsam, ℥iss; carbonate of magnesia a sufficient quantity. Make into 36 pills; six to be taken daily.

M. Bonjean on the poisonous effects of the Secale Cornutum.—The ergot of rye, taken as an alimentary substance, may give rise to two kinds of symptoms; to convulsive phenomena or to gangrene. These series of symptoms may present themselves singly or combined. A year ago, M. Bonjean attended a family in the vicinity of Chambery, all the members of which were attacked with the convulsive form; he has lately observed, in the same neighbourhood, a case in which the gangrenous form alone prevailed. A family composed of eight individuals—the father, mother, and six children, between the ages of two and seventeen—ate, during three weeks, bread containing one and a half per cent. of ergot. The father and

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mother merely experienced lassitude in the limbs; the three eldest children presented no abnormal symptom. Two of the youngest only were attacked with gangrene: one, a boy, ten years of age, after eating the bread during fifteen days, felt a severe pain from the left groin to the calf of the leg. The feet and legs became tumefied, covered with phlyctenæ, and the gangrene, appearing at the inferior third of the legs, descended towards the feet, and ascended to the upper part of the legs, where it became limited. The other, aged twenty-eight months, was attacked in the same way, but on one leg only. There were no premonitory symptoms whatever in either case. The two children were admitted into the hospital at Lyons, where the gangrenous limbs were taken off, and they were subsequently quite cured.—*Lancet*, June 21, 1845.

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Solubility of the extract of Cannabis Indica.—Dr. Inglis says, as the pure extract is abundantly soluble in the essential oils, they may be used to form elegant vehicles for the exhibition of the gunjah. Solutions are produced of a bright emerald green colour, which, partaking of the soothing sedative properties of the gunjah, do not possess so powerfully its death-like depressing effects, which, for the time, are so alarming to the patient. They may be made of such strength, that a quarter of a grain of the extract may be exhibited in two drops of oil, which may then be rubbed up with a little sugar, and made into a draught by the addition of hot water. He has frequently given the gunjah internally, in a similar manner, in combination with cajeput oil, in which it is particularly soluble, and he has found that it may be used as a valuable embrocation, in chronic rheumatic affections of the joints. —*Med. Times*, May 10.

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Fatal effects of the Mother's Milk upon a child eight months old.—A woman, who was suckling her child, gave it the breast, at a time when she was in a state of violent excitement. At first the child rejected the breast, but was subsequently compelled by hunger to take it. Soon afterwards, the child was seized with violent vomiting, and the whole of the milk was rejected. After some hours had elapsed, the child took the other breast,—convulsions supervened, and in a very short time, although medical assistance was at hand, and every attempt was made to save it, it died.—*Lond. Med. Gaz.*, June, 1845, from *Casper's Wochenschrift.*

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Use of the actual cautery in Arthritis following Parturition.—Dr. Doherty calls attention to the benefits capable of being derived from the employment of the actual cautery in combating the arthritic complications which occasionally attend that most dangerous form of puerperal fever where the veins become engorged. He has now seen five cases in which this destructive form of disease has been arrested by this remedy.—*Ibid.*, from *Dublin Hospital Gaz.*

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On the colour of the Velum Palati in Icterus. By J. D. Lonjon, D. M. P. — The colour of the mucous membranes in jaundice, with the exception of the conjunctiva, has been only generally alluded to by authors. I have observed the icteritious tint on all the mucous membranes except on the free border of the lips, and, I think, even here also. The colour, however, is less intense than that of the skin, and never of the greenish hue which this sometimes presents. This colour, which has been but vaguely alluded to by Portal, as existing in some cases of hepatic obstruction, merits, from its constant appearance, invariable seat, and form, some attention as a special sign of icterus. If the interior of the mouth be inspected, a yellow tint may be observed inside the lips, gums, inferior surface of the tongue, palatine arch, and lateral and posterior fauces. It need not be present in all these parts at one time, nor is it constantly found in any one of these situations. But on the velum palati, a yellow tint, constant, uniform, always deep, is spread over the surface of this region; posteriorly it is lost in the natural colour, more or less altered at the edge of the velum, uvula, and pillars of the fauces; but anteriorly it terminates by a well-marked transverse line, connecting the last molars of the upper jaw. If once seen, this sign will never be found to fail, even in the slightest cases; and in all stages it is decided and limited. I have also verified its presence in cases of lead colic, cancer of the liver and other organs, after intermittent fever, where the lengthened disease has imprinted on the skin a cachectic tinge peculiar to their respective natures. The only instance in which I failed to find it was the case of a man who, after comminuted fracture of the tibia, became jaundiced in some

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parts of the face and conjunctiva, and after death, was found to have been the subject of two large hepatic abscesses. But its absence in this single instance must not be allowed to weaken its general value. Its presence in all, even the slightest cases of icterus, and also of pseudo-icterus, where the conjunctiva is rarely tinged, and its intensity, which is in proportion to that of the skin, claim for this sign some semiological value. It is of value especially when the other symptoms fail, or in cases where the natural colour of the skin prevents the morbid hue from being so readily recognized.

The rationale of this sign may be understood by reference to the anatomical characters of the part: the softness and excessive vascularity of the velum favour the icteritious effusion, which again becomes suddenly changed where this tissue is changed for the less vascular fibro-mucous tissue of the palatine arch.—*Ibid.*, from *Gaz. Médicale.*

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Congestion of the Cerebellum.—Dr. C. Broussais, principal physician to the Military Hospital *de la Salpétrière*, at Algiers, has just published a case in which the patient lost his equilibrium whenever he stood erect or walked, and which, after passing in review the different diseases with which it might be confounded, such as affections of the cerebellum, the medulla spinalis, neurosis, &c., he attributed to a lesion of the cerebellum; because the section or cauterization of that portion of the nervous centres causes, as the experiments of Messrs. Flourens and Bouillaud on pigeons prove, a loss of equilibrium, the birds tottering like a drunken person, as the latter so aptly remarks; because in a case in which he had attended with Dr. Magendie, the patient offered all the symptoms observed in the present instance, and at the autopsy, the cause was found to be a cancer of the cerebellum. Finally, as to the species of lesion, it was in all probability simple congestion, situated superficially, or in the membranes alone; may not these symptoms be explained by the difficulty with which the movements of the cerebro-spinal liquid are performed, owing to the congested state of the organ? It was for these reasons, that Dr. C. Broussais ordered venesection to be practised, and prescribed at the same time sulphas quininæ, as the patient was affected with intermittent fever. *Case.*—G., ætat. 27, soldier; went to Africa three years and a half ago, strong constitution; bilioso-sanguineous temperament; has since his arrival there, been affected with dysentery and intermittent fever; he suffers from tertian fever, and has already experienced two attacks. On his admission the 7th of March, 1845, and while M. Dumalle was auscultating his thorax—he being seated in his bed—he suddenly fell backwards, senseless; this state, however, was of very short duration, and G. was soon able to give the details just stated, to which he added, that he could neither walk nor stand erect for any length of time; no loss of sensibility nor motion; when requested to get up, he did so with perfect ease, but had hardly made two or three steps in the ward, ere his face became pale, his features contracted; he staggered and would have fallen had he not been supported. Taken back to bed, he was, after resting a while, made to sit up, but the same phenomenon took place as already mentioned; the heart presented nothing abnormal; pulsations beat 72 per minute; spleen not much enlarged; all the various functions appeared to be in their normal condition; from time to time the head became hotter than usual, as if the blood ascended in greater quantities. Venesectio ad lbj; sulphat. quin., ℈j. The next day being that on which the fever ought to have taken place, the quinine was repeated; it did not, however, come on, and nine days after the patient left the hospital quite well. —*Med. Times*, from *Gazette des Hôpitaux.*

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Sulphur in Bile.—M. Redtenbacher has analyzed anew the *taurine* of M. Gmelin, and found that there was 26 per cent. of sulphur in it.

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British Association for the advancement of Science.—The fifteenth meeting of this association was held at Cambridge during the week commencing Wednesday, June 18th. Sir J. Herschel, the president, delivered an interesting address. Next year the association is to meet at Southampton, in the month of September, the precise day to be hereafter fixed by the council.

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Dr. Stokes.—Dr. William Stokes has been appointed Regius Professor of Physic in the University of Dublin.

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French Academy of Medicine.—M. Longet has been elected a member in the section of anatomy and physiology.

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THE MEDICAL NEWS AND LIBRARY.

VOL. III. SEPTEMBER, 1845. No. 33.

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CLINICS.

Clinical Lectures on Medicine, delivered at the Meath Hospital, Dublin. By Robert J. Graves, M. D., M. R. I. A., &c.

Let me now direct your attention to the case of Margaret Lauder, who was admitted a few days ago, for suppression of the catamenia, with obstinate vomiting and persistent gastrodynia. This woman, who is of slender make and rather delicate constitution, has been complaining, more or less, for the last four years, during the greater part of which she has been subject to pain in the stomach, nausea, and vomiting.—About five months ago, a new feature was added to her disease; the catamenia became suppressed, and have not appeared since. The attack of vomiting comes on every third or fourth day, sometimes oftener, and is preceded by pain in the region of the stomach, darting across the epigastrium and towards the left shoulder. The fluid ejected from the stomach, which is extremely sour, and as she states, "sets her teeth on edge," is of various colours; green, yellow, gray, or whitish, but never black. There is no remarkable epigastric tenderness, and she finds that during a paroxysm, the violence of the pain is diminished by pressure.

The first question that suggests itself with respect to the nature of this case is, does this long-continued, obstinate, frequently-recurring pain of the stomach, nausea, and vomiting, depend on organic disease, or is it the result of mere functional derangement? This is a most important question, and one which you will frequently have occasion to put to yourselves in practice. You will be often consulted in such cases; your examinations will be watched by the patients and their friends with close and painful attention, and your decision awaited with all the intense anxiety of minds haunted by the idea of scirrhus. You cannot, gentlemen, be too deeply impressed with the importance attached to such decisions, nor can you apply yourselves too assiduously to the difficult task of making a distinction between organic disease and functional disorder. I am sure I do not exaggerate when I say, that as many professional reputations have been

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent Gratuitously *to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for February.*

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wrecked upon this point, as upon any other connected with the whole range of medical science.

With respect to the present case, my impression is, that there is no organic affection of the stomach. My reasons for coming to this conclusion are these. In the first place, the disease has lasted with more or less violence, for the last four years, and that without any remarkable increase. The cause which operated in giving rise to the gastric symptoms three or four years ago, and before the suspicion of organic disease could be entertained, is still in operation, or, in other words, there does not seem to be any recent modification of her ailment, any new change to destroy the identity between her past and present condition. In the next place, the very duration of the complaint is opposed to the idea of its being organic. Had it been organic, it would, in all probability, have terminated fatally before now; or, at least, it would have furnished unequivocal proofs of its existence. Scirrhus of the stomach seldom lasts for four years without exhibiting symptoms of its true nature. Again, the matter from her stomach was never tinged with blood, nor has it ever been of a black colour, or consisting of a substance resembling coffee-grounds. Now, I need not tell you, that where organic disease of the stomach produces erosion of its mucous coat, and actual loss of substance, there will be an oozing of blood from the eroded surface, and that this blood will be either thrown up unchanged and of its natural colour, or it may remain in the stomach until the fluids of that organ have acted on it, and then it will appear, when ejected, of a dark colour, and broken down so as to resemble coffee-grounds. In the next place, there is no remarkable epigastric tenderness, and during the paroxysms, the pain, instead of being increased, is diminished by pressure.

Lastly, the extreme acidity of the fluid ejected from the stomach, is more an indication of functional disorder than of organic disease. I do not lay much stress upon this point, but where a person who has been long subject to pain, nausea, and vomiting, throws up a fluid of an extremely acid taste, the disease is, *in the majority of cases, functional.* How are we to explain this? The acidity of fluid ejected from the stomach in any considerable quantity depends on derangement of the secreting surface of that organ. As long as the secretion of the stomach is carried on in the natural way, it never becomes a source of annoyance; a certain quantity of acid gastric juice is poured out at certain periods in the day, and these periods correspond in the normal state with the times of taking food, or in other words, this acid juice is only poured out when it is necessary. But in states of deranged action, where the secretion is altered by functional disorder, the stomach pours out this acid juice in excessive quantity. You will find a patient affected in this way vomiting a fluid, which if it fell on powdered chalk or soda, would produce a brisk effervescence, in consequence of the large proportion of acetic and muriatic acid it contains. I have seen cases in which there was absolute corrosion of the teeth from frequent eructation of this extremely acid secretion.

It is clear, that the formation of acid in the stomach is merely the result of an alteration in its secreting powers, and not in consequence of any acetous fermentation of the ingesta. Now, this being the case, if the stomach be extensively diseased from disorganization, the consequence of scirrhous or cancerous ulceration, its secretions will be still further altered, and very frequently in such cases the products of secretion will not be so acid as they are in cases of functional disorder. Organic disease deranges the functions of the stomach so much, that the secretion of acid is more or less interrupted, and hence we do not find the fluid ejected so sour as it is in functional derangement. I, therefore, look upon the extreme acidity of the fluid thrown up by this woman, as connected with functional disturbance rather than actual disorganization.

I am aware that this opinion is somewhat different from that advanced by Dr. Osborne in the twenty-first number of the *Dublin Journal of Medicine;* Dr. Osborne seems to be of opinion that scirrhus and often cancer of the stomach are the results of functional disorder: there is nothing of which I am more convinced than that they are essentially different. I have known many persons afflicted for years, nay, for life, with the most aggravated form of *acid dyspepsia,* in whom no tendency to organic disease ever displayed itself. That the slow process to which is owing the gradual formation of scirrhus of the stomach will often occasion *acid indigestion,* long before the scirrhus is formed or has reached any degree of maturity, no one will deny. Dr. Osborne has

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been anticipated in almost all the propositions he has advanced, by Dr. Prus, of Paris, in a book published several years ago, where the same means of averting scirrhus are recommended. I fear that neither Dr. Prus nor Dr. Osborne has as yet discovered this important secret. They certainly deserve our best thanks for the attention they have bestowed on the subject.

Acidity of the stomach is frequently, but not always, accompanied by gastrodynia or pain in the organ. In our patient, violent pain precedes the attacks of vomiting, and is occasionally present during the intervals. There is, however, no connection between pain and acidity of the stomach, for you frequently have severe gastrodynia in cases where the matter ejected has not the slightest acid taste. This is the case in pyrosis, where the fluid thrown up is quite limpid and tasteless. Here it is very probable that the fluid consists chiefly of the secretion of the pancreas.

In inquiring into the symptoms of which dyspeptic patients complain, you will find some *with weak stomachs and strong bowels*, while others have *strong stomachs and weak bowels*. The former complain of acidity, flatulence, distension and uneasiness of the stomach after meals, and have a capricious or indifferent appetite. They suffer much from eating certain articles, and are consequently obliged to be careful in the selection of their food. The digestion thus imperfectly performed in such cases by the stomach, is effected with more energy by the remaining portion of the intestinal canal, and hence the fecal mass is quite healthy, and contains no unused alimentary matter. In order to enable the bowels to perform more efficiently the supplemental digestion, so necessary where the principal agent, the stomach, has left so much undone, the alimentary mass is detained longer than natural in the intestinal tube. In such persons, costiveness or a slow action of the bowels, is essential for the more complete solution and absorption of the nutritive portion of food which the stomach had, as it were, neglected. If by means of medicine or diet you promote a quick action of the bowels, and a speedy defecation in such persons, you impair the supplemental digestion, and injure rather than serve your patients. In cases of this description we frequently observe, that although great disturbance of the stomach ensues after meals, yet there is little or no emaciation or loss of strength; the sufferers are often of a robust, phlegmatic habit. The theory of digestion which attributed to the stomach the office of chymification,—a step necessary for the more advanced process of chylification supposed to take place in the small intestine,—this theory will not explain the phenomena observed in the above cases, for nutrition must, according to this theory, be impaired exactly in proportion to the degree in which the stomachic digestion fails. Here, the theory of digestion which rests upon the authority of Tiedemann and Gmelin, comes opportunely to our aid. According to their experiments it appears that the nutritive efficiency of digestion depends on the solution and subsequent absorption of the soluble and nourishing portions of the alimentary mass. *Now, solution and absorption are performed by the whole extent of the alimentary canal*, but most energetically by the stomach and the cæcum or commencement of the large gut, which two parts are the chief secretors of the acid solvents. From this it follows, that when the stomach fails to perform the whole of its duty, its deficiencies may be supplied by the intestines. The history of intestinal fistulæ where the excrementitious matter is voided through an opening in the small intestines, proves that a man may live without the discharge of the functions which the large intestines are intended to perform on the alimentary mass. Again, those rarer cases of stomachic fistulæ which have been observed, almost suggest the possibility of life and nutrition being sustained, although imperfectly, without the aid of the stomach; for we cannot believe that this organ performs its functions with anything like natural energy, when it is placed in so unnatural a situation, and has suffered so much from previous disease and morbid alteration of structure. What is wanting in such cases to prove that nutrition may be carried on, nearly altogether independently of the stomach, is supplied by other organic diseases of that organ. Thus, in the case of *Napoleon Bonaparte:* the body was by no means wasted, on the contrary, there was a great accumulation of fat; "the fat was upwards of one inch thick over the sternum, and one inch and a half over the abdomen; upon opening the abdomen, the omentum was found remarkably fat, and on exposing the stomach, that viscus was found the seat of extensive disease; strong adhesions connected the whole superior surface, particu-

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larly about the pyloric extremity to the concave surface of the left lobe of the liver, and on separating these, an ulcer, which penetrated the coats of the stomach, was discovered one inch from the pylorus, sufficient to allow the passage of the little finger. *The internal surface of the stomach in nearly its whole extent* was a mass of cancerous disease, or scirrhous portions advancing to cancer; this was particularly noticed near the pylorus; the cardiac extremity, *for a small space near the termination of the œsophagus*, was the only part appearing in a healthy state."

Now, gentlemen, in this and similar cases, it is evident that no part of the digestive function had been performed by the stomach, probably for several weeks, or even longer before death, and yet the body was so sufficiently nourished by the supplemental action of the small intestines, that we are almost tempted to believe that if by a miracle, the cancerous mass including the whole stomach had been removed, and had been replaced by a portion of duodenum, the individual might have lived for a time! But to return to our subject—where the stomach is strong, but the intestines weak, there is generally an excellent appetite, and the patient is a great eater—he never suffers from distension of stomach, uneasy feelings, acidity, flatulence or heart-burn after meals, however he may have indulged; he boasts, and justly that nothing ever disagrees with his stomach. He is nevertheless lean and ill-thriven; the reason is because his bowels do not possess the same energy with the stomach, and consequently do not perform their part of the business of digestion well; this is evident from the frequent and sudden attacks of looseness to which such persons are liable; their discharges are irregular, but on the whole the quantity of matter evacuated *per anum* is much greater than it ought to be; they seldom pass solid healthy coloured stools—there is evidence of a hurried secretion of bile, and a too rapid passage of the alimentary mass through the intestines. The fæces are therefore during their occasional attacks of indigestion crude and semi-digested, and almost constantly fluid or semifluid; such persons have two or three bilious, loose motions every day, and generally enjoy in other respects tolerably good health.

Having pointed out these varieties of weak digestion, varieties which have scarcely been noticed by authors, but which nevertheless deserve especial attention, I shall conclude by observing that the distinction between organic disease and functional disorder of the stomach is often attended with extreme difficulty, and is to be drawn not from any one symptom, but from an attentive consideration of the history of the case, and the effects of remedies.

I have seen cases of indigestion, vomiting and extreme emaciation continue for month after month, until every medical attendant of the patient believed that death from organic disease was at hand, and yet the patient perfectly recovered; on the other hand I have seen the *stomach ailment* trifling when organic disease was extensive. I am anxious to impress this upon your minds lest you may be misled by anything I have said in a previous part of the lecture, and lest you should think that I attach undue importance to any one symptom, *as for instance, the morbid secretion of acid by the stomach.* Dr. Osborne seems to look upon this rather as a symptom of commencing scirrhus; in this I cannot agree with him; probably we are both wrong; it probably cannot be relied on as characteristic either of functional disorder or of organic disease. —*Med. Times*, July 5, 1845.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Illustration of Quackery.—M. Malgaigne relates the following anecdote in the life of Sabatier:

Sabatier, in his leisure moments, delighted to perambulate the public promenades, and took pleasure in stopping near those cure-mongers in full blast, who not enjoying then as now-a-days the advantages of newspapers, attracted their customers by the sound of trumpets and the beat of drum. One day Sabatier was looking at one of these gentry standing erect in a splendid coach with gilt panels, dressed entirely in scarlet, and who amazed the populace by his eloquence; when the orator, observing a grave person listening to him at a distance with his hands crossed on a large cane, made a sudden stop in his discourse. The charlatan was just boasting that he did not resemble his brethren;—they were men of little talent and of no science; but he himself was known to all the learned, whose approbation he had never failed to obtain. Observe, said he, suddenly, that old man now listening to me; any one can at once see that he is a student and a man of learning. I will con-

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verse with him in the language of the learned, which is the Latin, and in two minutes I will bring him over to my doctrine. Then addressing Sabatier, who was in utter amazement, Sir, said he, I wish to submit to your consideration this proposition—*Vulgus decipi vult!* Very true, replied Sabatier, laughing and nodding his head; it is a truth established by every age. Well then, said the charlatan, in a triumphant tone, draw the conclusion from it yourself: *ergo decipiatur.*—*Journ. de Méd.*, June, 1845.

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The Secrets of Homœopathy—Hahnemann and his System. By Dr. Schubert, of Dramburg.—We hear it continually asserted that Hahnemann placed no confidence in the powers of nature in curing disease; but, from my intercourse with him, I am quite satisfied that no physician ever trusted more to the *vis medicatrix naturæ*. It requires, indeed, but very little reflection to enable us to perceive that it was through the closest acquaintance with the curative powers of nature that Hahnemann was led to adopt his new system of medicine. I have heard him declare that he looked with contempt upon medical practice, and he thought that a patient would be none the worse if left to himself. He had a thorough conviction that all curable diseases might, under proper attention to diet, be removed by the efforts of nature alone; he looked upon these as his sheet-anchor. On one occasion he said to me—"I give medicines but very seldom, although I always prescribe small powders! I do this for the sake of keeping up in the patient's mind the firm belief that each powder contains a particular dose of some medicine! Most patients will get well by adopting a simple mode of living, and by placing a boundless confidence in their medical attendants. Ordinary practitioners know nothing of this practically, although they are always talking of the healing powers of nature. If a patient recover under their treatment, they immediately ascribe it to the nauseous drugs which they have poured into him, although these commonly do more harm than good." He never hesitated to promise recovery to every patient without concerning himself about the nature of the malady; and I have seen some most ludicrous results follow these predictions. His plan was to demand for the cure, in the shape of a fee, a good round sum—one-half to be paid down—*unlimited confidence* in his treatment—doses of sugar of milk, and a particular diet! The dieting, which simply consisted in the denial of all stimuli, he considered to be absolutely necessary in order to allow nature to have free play. *Unlimited confidence* in the treatment was his great support in carrying out this system; and he invariably insisted upon this from every patient, well knowing that it was the important secret of life and death in such cases. Further, he used to observe—"We must not attend patients for nothing, or let them have even a pennyworth of medicine gratuitously; the greater the sum paid for physic and physician, the greater is the confidence placed in both."—*Lond. Med. Gaz.*, from *Casper's Wöchenschrift.*

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MEDICAL NEWS.

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DOMESTIC INTELLIGENCE.

Treatment of the Insane.—Dr. Edward Jarvis, of Dorchester, Mass., has, we are informed, made arrangements to take into his family, a few quiet insane patients for custody or for recovery. The house which he occupies is delightfully situated, and his professional acquirements and agreeable manners render a place in his family a very desirable one for persons afflicted with mental disorders.

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Hampden Sidney College.—The number of students in the medical department of this college, in Richmond, Va., during the session of 1844–45, was 71; of these 18 received the degree of M. D. at the commencement, March 10th, 1845.

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New Books.—Several works of great merit have been published within the last month, among which we may notice a new edition of Watson's unequaled lectures on the practice of Medicine, with additions by Dr. Condie; the Anatomy and Diseases of the Breast, by Sir Astley Cooper, with the various surgical papers of the same illustrious surgeon, now first collected; a new edition of Ramsbotham's Obstetric Medicine and Surgery in reference to the process of Parturition; Towne's Elementary Chemistry, and Hoblyn's Dictionary of Medical Terms.

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FOREIGN INTELLIGENCE.

Contagion of Typhoid Fever.—M. GAULTIER de Claubry, in a communication read before the Academy, endeavoured to prove, first, that typhus and typhoid fever (dothinenteritis) are identical. Secondly, that typhoid fever, like typhus, is contagious. These propositions M. Gaultier de Claubry supported by numerous arguments drawn from his personal experience. He had within the last few years met with eight cases of undoubted contagion in his private practice, the patients being all in easy or wealthy circumstances. In concluding, he reminded the Academy that his views on this subject were also those of MM. Chomel, Louis, Andral, Moreau, Jolly, and many others.

M. ROCHOUX disagreed in every respect with M. Gaultier de Claubry. In his opinion, the diseases were perfectly distinct, differing in their causes, their symptoms, their pathological anatomy, and their treatment.—*Lancet*, July 19, 1845.

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Epidemic among Children.—Dr. J. F. DUNCAN read before the Medical section of the British Association for the advancement of science, at their meeting in July last, a paper "On a peculiar form of epidemic observed amongst children in the winter of 1844-5 in Dublin."—The attack was ushered in by considerable fever, and after an interval of some days the gums were found to be partially ulcerated at the insertion of the teeth, the fangs being exposed; they became also swollen, red, and spongy, and exhibited a considerable tendency to bleed, insomuch that hæmoptoe occasionally resulted from this cause. The disease was very severe, and in most cases, either directly or in consequence of relapse, terminated fatally; it seemed to be a part of a deeper seated affection, namely, an enteritis of an extensive and severe kind. Its importance, in a pathological point of view, arose from the liability to confound it with that ulceration of the gums, which is the consequence of the administration of mercury.—*Athenæum*, July 26, 1845.

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Vascularity of Tubercle.—Prof. FISHER read before the same section, a paper "On the Vascularity of Tubercle." The entire paper consisted of explanations of an extensive series of drawings of tubercular deposits taken from mesenteric, cervical, and bronchial glands; these drawings showed traces of organization and the passing of the injection between portions of the masses: from their appearance Prof. Fisher concluded tubercle to be vascular, and submitted them as proofs for examination.

Dr. KINGSTON said that Dr. Fisher's observations in proof of the vascularity of scrofulous tubercle agreed with his own, published in the Transactions of the Medical and Chirurgical Society for 1837, and with those of M. Lugol some years afterwards. The reason that the vessels of tubercle are not always visible or capable of injection is, that they are extremely minute, and do not carry red blood, except when the part is inflamed or congested:—just as some of the vessels of even the natural pulmonary structure were found by Reisseissen to be too minute to admit even the finest injections.—*Ibid.*

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Autoplastic Operations in Cancerous Disease.—M. BLANDIN presented to the Academy a woman on whom he had extirpated an inferior eyelid affected with cancer. The loss of substance thus occasioned was then remedied by a flap taken from the forehead. This operation he considered calculated to prevent the return of the cancerous disease. The operation was successful. The views of M. Blandin, with reference to the influence exercised by autoplasty in preventing the return of cancer, were supported by M. Roux and M. Berard.

M. GERDY stated that he was not a great friend to autoplastic operations, the result of which was seldom if ever satisfactory. In the case of M. Blandin, he thought the operation would have been more successful if the flap had been taken from the cheek. He did not believe that the healthy flap would so modify the parts as to prevent the return of the cancerous affection. Cancer returns either from some of the tissues affected having been left in the wound, or in virtue of a general predisposition, the essential nature of which is unknown, and which autoplasty does not remedy.—*Lancet*, July 12.

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Marsh Miasma.—We have, during the last three years ("Annuaires for 1842, 1843, and 1844"), examined the progress of the important question raised by M. Boudin, concerning the relative rarity of phthisis pulmonalis and typhoid fever in localities possessing well-marked marshy characters. The Annuaire for 1844 contained a *résumé*

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of the documents on this subject, furnished by Drs. Chassinat, Nepple, Pacoud, and Hahn, by M. Boudin himself, and finally by Dr. Lamothe, of Dax. We shall now proceed to point out, as succinctly as possible, the different essays published on this question during the year 1844.

In a pamphlet entitled *De l'Heureuse Influence de l'Atmosphère Marécageuse sur la Tuberculisation pulmonaire*, Dr. Tribe, of Nimes, has published numerous new documents in favour of the medicinal action of marshy localities. M. Skilizzi, a physician at Aigues-Mortes (Bouches-du-Rhône), has pointed out the anti-tubercular immunity enjoyed by the custom-house officers, and certain workmen who pass their lives in the marshes surrounding that town. Dr. Santy, of Mèze, has also dwelt upon the fortunate influence which the marshy localities of Mèze, Bouzigues, Marseillan, and Balarue, exèrt on phthisis pulmonalis, as also on the increase of the proportion of phthisical patients in certain parts of that territory where the marshes have been drained. Dr. Isnard, of Grasse, has pointed out the frequency of phthisis in that town, which is exempt from intermittent fever, and its rarity in the neighbouring marshy locality of Cagnes.

Taking advantage of the medical topographies of Berlin and Dresden, recently published in Germany by Drs. Wolheim and Mayer, M. Boudin has shown the frequency and intensity of phthisis and typhoid fever, and the rarity of intermittent fevers in those two capitals. Employing the labours on medical statistics of the Russian and English physicians, he has shown that the conditions of geographic latitude which paralyze the pathogenic action of the marshes equally annihilate their preservative influence.—(*Vide Journal de Médécine*, Feb., 1844.) Thus St. Petersburgh in the north, and the Mauritius in the southern hemisphere, which, in spite of their marshes, are not subject to intermittent fevers, offer a large proportion of phthisical cases. Thus, according to Dr. Thielmann, the hospital St. Pierre and St. Paul, at St. Petersburgh, received in 1840, 1046 cases of typhoid fever, 125 cases of pulmonary phthisis, and only 4 of intermittent fever, which came from the country. The Mauritius, at 20° from the equator, has not presented in twenty years, out of 38, 108 admissions into the hospital, more than 13 cases of intermittent fever, and on the other hand 2,250 cases of chest-disease.

M. Boudin also alludes to the absence of clavus in sheep, and of the cow-pox in cows, in the marshy districts of England and Holstein. He has pointed out the special tendency to tubercular phthisis in the negro, who, in his own country, at Sierra Leone, under the equator, dies of this disease; he has placed, in opposition to this morbid tendency of the negro, his immunity to the influence of marsh miasma—an immunity which is well known to the English military authorities, who employ their black regiments in the works which are carried on in marshy localities. He also insists on the relative infrequency of marsh-fevers in woman, and her greater aptitude to contract phthisis; and finally, availing himself of the statistical documents drawn from the bills of mortality of old London, he has shown this city, as representing in the sixteenth century, a vast marsh ravaged by intermittent fevers, and causing James the First and Cromwell to perish by pernicious fever. After having pointed out the gradual decrease of marsh-fever in London, as consequent on the progress made in breaking up the soil, and in paving, especially after the great fire in 1666, M. Boudin brings forward the increase in the proportion of phthisical cases, as stated by Heberden and Sir Gilbert Blane, the latter going so far as to consider every case of intermittent fever as imported from other localities.

Finally, Dr. Brunache has given, *en résumé*, an imposing ensemble of these numerous facts in an interesting work, entitled *La Phthisie Pulmonaire et la Fièvre Typhoide, considérées dans leurs Rapports ave, les Localités Marécageuses*.—Bouchardat, *Annuaire de Therapeutique* for 1845.

Œsophagotomy. By Dr. Martini.—N. swallowed a large piece of bone during dinner (19th of February, at noon). Notwithstanding repeated venesections, the bone could not be pushed into the stomach. After the injection of clysters of belladonna, attempts were made with levers and forceps, but without success. Injections of tartar emetic and œsophagotomy were both strongly objected to by the patient, who could only obtain relief by occasional injections of oil. On the 23d of February, the pain was so excruciating, that he declared himself ready to submit to any measure that was advised. Tartar emetic was then injected into a vein, at about 8 A. M.;

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this excited such powerful vomiting, that clysters of water, vinegar, and, at last, of tincture of opium, became necessary. At 4 o'clock, P. M., œsophagotomy was performed. The bone being felt from without, above the clavicle, the throat was opened in that situation, and even during the performance of the operation, it was swallowed by the patient (a sign that he might have been saved, if it had been performed earlier). The operation was successfully terminated, a bandage applied, and cold water, with solution of lead, continually applied over the wound. On the 24th, he was very feverish; the next day the extremities became cold. On the 26th, at 2 A. M., there was singultus, and at 6 A. M., the patient's sufferings were terminated by death. The *autopsy* showed that the upper and middle parts of the pharynx were gangrenous, and the opening larger than it had been made by the knife. The lower end of the pharynx, the stomach, and duodenum were inflamed. The bone was already near the rectum.—*Med. Times*, from *Wurtember. Med. Correspondenzblatt.*

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Splanchnic System of Nerves.—M. Bourgery, in a memoir on this subject, read before the French Academy of Sciences, April 7th, 1845, gives the following as the result of his researches: 1st. That the so long contested opinion of the anastomosis from one side to the other of the cephalic extremity of the sympathetic nerve is solved affirmatively, but with a modification in their relation as interesting to physiologists as to anatomists. 2d. That instead of a single cephalic cord, there are two, a vertebral and a carotidean, which offer five modes of termination, to which are associated the cephalic nerves and the gland constituting the pituitary gland. In this mysterious anatomical conflict of the different nervous organs, grouped together in the central sphenoidal region of the base of the skull, their affinities, as far as can be judged, are equally numerous, whether they are studied separately, or in the union they form with each other by means of their anastomosis. 3d. That considered separately—(*a*)—the cephalic or supra-sphenoidal pituitary gland seems to be the organ by means of which union takes place, that is to say, between the psychological and instinctive nervous centres and the cephalic nerves, these forming the principal mode of communication with the great sympathetic, which connects all the splanchnic nervous system. Besides the size of the pituitary gland being more considerable in the animal than in man, and the number of branches which this gland receives from the two lateral portions of the sympathetic, seems to prove that it belongs especially to the nervous system of organic life, and constitutes the central ganglionary cephalic mass—(*b*)—the sympathetic varies in its four modes of termination; the principal, or at least the most voluminous and which seems to be the union of the splanchnic nervous system with the encephalon, is effected in the pituitary gland. That which forms the two median plexuses constitutes the anastomosis or the outer union of the two lateral halves of the sympathetic. The apparent termination on the cerebral arteries may be considered rather as an origin, and is nothing but the visceral nervous system of the encephalon, united in its centre, like all the extra-visceral plexuses, by a central gland, which is here the pituitary, but like these plexuses, accompany the arteries with the branches of the sympathetic. The last termination of the sympathetic is its anastomosis with the extremities of the cephalic nerves.—(*c*) As to the cephalic nerves, the four last have as many anastomoses with the superior cervical ganglia as with the temporo-carotidean ganglia. The facial and the acoustic anastomose with the branches of these ganglia. The plexus of the first six cephalic ganglia presents as numerous anastomoses with the pituitary gland as with the sympathetic. Although the six cephalic ganglionary nerves, situated beside the *sinus cavernosus*, contribute to the formation of a common plexus, it is principally the trigeminus which produces this, it being the focus where the numerous gray filaments unite with each other. In this respect this nerve seems to be an annex to the sympathetic, intermediate between the two nervous systems (ganglionic and cerebro-spinal) and justifies by its structure as well as by its anatomical relations, the denomination of *small sympathetic*, given to it by some physiologists. 4th. That finally studied together, in their union, the three varieties of nervous organs situated in the supra-sphenoidal region offer seven species of anastomosis.—(*a*) On the same side from before backwards, the union, by means of the communicans, of the carotidean and vertebral nervous system—(*b*) from one side to the other, the six others take place on the mesial line.—*Med. Times*, May 3, 1845.

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THE MEDICAL NEWS AND LIBRARY.

VOL. III. OCTOBER, 1845. No. 34.

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CLINICS.

Clinical Lectures on Medicine.—Secondary Syphilis. Delivered at the Meath Hospital. By Robert J. Graves, M. D.

A young woman, named Ann Trotter, was admitted on the 2d of March, labouring under syphilis. She has an eruption on her forehead and temples of three weeks standing; she has also sore throat, which commenced about the time of her eruption. There is a good deal of constitutional irritation present, her bowels are inclined to be costive, and she sleeps badly at night. Like most cases of secondary syphilis in young and vigorous persons, the eruption was preceded by a considerable constitutional disturbance; she had rigors, thirst, heat of skin, pains in different parts of the body—in fact, all the symptoms of high inflammatory fever. With respect to the character of the eruption, it does not seem to belong exactly to the class of papulæ, for the spots are much larger and less acuminated. They are not, however, either pustular or vesicular. Some would be inclined to call them tubercular, but the appearance of their apices is against this appellation. They are large elevated papular blotches, about the size of a pea; are surrounded with an inflamed base, and have a small point of vesication or pustulation at the apex. These papular blotches (I do not know of a more significant expression) last for a long time, and then disappear gradually by process of desquamation, which commences at the apex, and, if the disease be not removed, they are then succeeded by a fresh crop.

In referring to this case, I purpose merely to direct your attention to some points connected with treatment. On the day after her admission she was bled to fourteen ounces, and took a purgative mixture composed of infusion of senna, sulphate of magnesia, and tartar emetic. This operated freely on her bowels, and, with the bleeding, contributed materially to remove febrile excitement. The next day we applied twelve leeches to the throat, and she was ordered to take a tablespoonful of the following mixture every second hour:—℞. Aquæ acetatis ammoniæ ℥vj; liquoris antimonii tar-

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tarizati ℥iij; acetatis morphiæ, gr. ss. My object here was to keep up the antiphlogistic plan in a mild degree, by acting on the skin with antimonials, and to relieve constitutional irritation and produce sleep by means of the acetate of morphia. On the day following we found that she had slept much better than usual, her skin was soft and moist, and her fever nearly gone. We continued, however, the use of the diaphoretic mixture until the fifth day, when we commenced a different mode of treatment.

In all cases of secondary syphilis, where the eruption has been ushered in by symptoms of high constitutional excitement, you should commence your treatment by a mixture of the antiphlogistic with the diaphoretic plan; you should bleed, leech, give cooling purgatives, and afterwards prescribe antimonials. These, with low diet, continued for four, seven, or ten days, as the exigency of the case may demand, will remove all febrile excitement, and prepare the patient for the use of mercury. On the fifth day, then, after having subdued the symptoms of febrile disturbance, we gave this young woman three grains of blue pill, and half a grain of calomel three times a-day. It is now only seven days since we commenced the administration of mercury, and yet any one who has attended to the case cannot but be struck with the remarkable improvement in her symptoms. The eruption has nearly faded away, her throat is healing rapidly, she has no pains or feverishness, and her aspect is quite that of a person rapidly convalescing. By making venesection, purgatives, and diaphoretics precede the use of mercury, you attain two important points; you cure the disease in a shorter time, and with less mercury. There are two points connected with the treatment of such cases which cannot be too well impressed upon your attention; they are themselves extremely simple, and looked upon by some as unimportant, but they tend most materially to facilitate the cure of syphilis; they enable you to prescribe a smaller quantity of mercury, and prevent it from (as it is termed) going astray. One of these is, that you should, if possible, keep the patient in bed while he is under treatment. I do not mean that you should shut him up in a warm room, and keep him covered up with half a dozen blankets, but merely that you should keep him in bed as much as possible. I know very well that John Hunter and others say that mercury will counteract the syphilitic virus, and cure the disease under any circumstances, and that the patient may, while taking it, walk about and pursue his ordinary avocations. This may be true in many instances; but I am fully convinced that where a patient remains in bed there is always less danger of the mercury going astray: nor have I known such patients to be attacked a few weeks afterwards with periostitis, as those frequently are who have taken mercury at a time when they were in the habit of going out and following their usual employments. The next point refers to diet. Now, when you have to treat a case of this kind, do not allow your patient to take meat and wine; the less he uses of these articles the better. I am aware that restrictions in diet have been considered useless, and that it has been stated, that the man who eats a good dinner and drinks a pint of wine will be cured just as soon as the most abstinent. This I have found, by experience, to be a false assertion; and I am inclined to think that the advantages to be derived from an attention to diet have been too much overlooked. I seldom permit my patients to take anything but slops, and I would advise you to do the same. These are the principles which should guide you in the treatment of secondary syphilitic eruptions, preceded by fever, and accompanied by more or less constitutional excitement. Keep your patient, if possible, in bed; confine him to low diet; commence his treatment with bleeding and purgatives, followed by antimonials; and when you have subdued the inflammatory and irritative part of the complaint by these measures, then proceed to attack its specific nature with mercury.

A case of syphilis was admitted into the male chronic ward about three days ago, which exhibits some peculiarities deserving of the most attentive consideration. The patient, who is a young man of rather strong constitution, has been labouring for the last fortnight under an extensive eruption, accompanied by sore throat, fever, and severe nocturnal pains. What is principally remarkable in his case is, that he has taken a considerable quantity of mercury, he has been salivated twice, and his gums are still swollen and tender.

It appears from the history of this case, as communicated by the gentleman who sent him to the hospital, that he got a chancre

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about two months ago, for which he took mercury rather irregularly, and at a time when he was frequently exposed to cold, and following all his ordinary habits. The chancre healed up, and matters seemed to be going on well, but about a fortnight afterwards, having drank rather freely and exposed himself to cold, the chancre broke out again. He again commenced the use of mercury, which he took as before, irregularly, and in a way in which its beneficial action was likely to be deranged. The chancre began to heal a second time, and he was still keeping up tenderness of his gums by the use of diminished doses of mercury, when he was attacked with secondary symptoms.

Here we have chancre re-appearing after free salivation, and a secondary attack coming on at a time when the patient's mouth was still affected. I do not know whether at the present day any person would argue that the symptoms present in this case were not syphilitic, because they had appeared at a time when the man was under the influence of mercury: but I recollect the time when such doctrines were very generally received. Any person, however, who would take the trouble of examining him, would readily see that his symptoms are decidedly syphilitic. It is true also that he labours under the bad effects of mercury; for patients who take mercury for syphilis in an irregular manner, and who follow their usual habits of living at the same time, *are very apt to suffer simultaneously from the unfavourable influence of mercury and the syphilitic virus.* Hence we see how difficult it is to remove syphilis by a badly managed course of mercury. This is the secret of the manner in which many inexperienced practitioners destroy the health of their patients; they contrive that the patient shall suffer from all the bad effects of mercury and syphilis combined. There is nothing peculiar in syphilis with respect to this untoward complication. Suppose a man labouring under arthritis applies to me for advice; or suppose a patient with acute sciatica requests me to undertake his treatment. Here there can be nothing better adapted to check inflammation than the rapid administration of mercury. The same thing is true of many other diseases in which mercury affords the most speedy and effectual mode of relief. But if, instead of telling a patient labouring under iritis, or arthritic inflammation, that he must confine himself to bed, and use a low diet with diluents, while taking mercury, I permit him to drive out in an open carriage, to expose himself to cold, to work, to be intemperate, and to use a heating diet, what is the consequence? His arthritis gets much worse, other joints are attacked, his fever is increased, and with it his debility, yet all this time he is under the full influence of mercury. Or, if it be a case of iritis: the pain, lachrymation, and dimness of vision increase; large quantities of lymph are effused on the surface of the iris, the pupil is closed up, the inflammation extends to the deeper tissues of the eye, and sight is irrecoverably lost. Yet this may occur at a time when the gums are excessively swollen, and the patient spitting profusely. I wish to put this point in the strongest possible way. I will engage, in a case of any disease curable by mercury, to affect the constitution without benefiting the complaint in the slightest degree; to make the patient far worse than he was before; to place him in such a condition that he will labour under the original disease in an aggravated form, and, in addition to this, under the unfavourable effects of mercury. So true it is, that by want of proper care we not only abuse the best instrument we possess, but also generate a new state of things which totally precludes its employment. This is the true explanation of the reappearance of primary or secondary symptoms in many cases of syphilis. The case before us furnishes a most valuable illustration. He got chancre and took mercury irregularly; the chancre disappeared, but on some slight excess in drinking and exposure to cold it returned. He then took more mercury (still irregularly); the chancre began to heal; he continued the mercury in diminished doses, but so as to keep up the soreness of the gums, and, while his mouth was still affected, secondary symptoms appeared. I will venture to say that one-half, nay, one-third of the quantity of mercury he has used would have been quite sufficient to eradicate the disease, had he been confined to bed, or a warm room, lived low, and reduced any febrile symptoms present by proper antiphlogistic means.

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

A Hint towards suppressing Quackery.—The enclosed extract from a journal lately

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established as the organ of one of the bodies of dissenters, and having a circulation already of upwards of 30,000, seemed so sensible and apposite that I have copied it out for your journal.

Another periodical, having a high reputation among dissenters, (the Evangelical Magazine,) has since followed the good example of the Christian Witness. As this journal has a circulation of 16,000, by this combined movement quack advertisements have been excluded to an extent of 40,000 copies, and probably from the sight of nearly a quarter of a million of readers.

I am one of those who doubt the possibility of suppressing quackery by direct legislation; but I think our professional societies might do much good by bringing the subject of quack advertisements under the notice of respectable editors, and inducing them to follow this good example of exclusion. Many of our journals would, I doubt not, be willing to resign this inferior source of profit, if the evil were fairly brought before them.—I am, sir, your obedient servant,

M. D.

The editor, and the confidential committee appointed to communicate with him, have unanimously recommended to the general committee the *exclusion of all quack advertisements;* and this recommendation has, by that body, been framed into a resolution, and transmitted to the publisher for his guidance.

"This measure will considerably affect the profits from advertisements, for quacks are among the best supporters of the Stamp Office. But we have an unalterable conviction that the step is right and proper, an act of homage to religion and decency; for the bulk of quack advertisements are not meet accompaniments of a family magazine, which is the hand-book of youth, and forms, to a large extent, the subject of Sabbath reading. We fell into the current, following the bad example of pre-existing religious magazines; but reflection has led us to see our mistake, and we hasten to repair it, assured that we shall give satisfaction to all our readers who properly estimate the character of modern quackery, which is one of the vilest and foulest of all foul and vile vocations, sustained to an incredible extent by fraud, forgery and falsehood, and fraught with delusion, disease and death. To publish their nostrums is to partake of their deeds, to receive their money is to share their spoils, and aid them in making war upon mankind. *No vehicle renders them such assistance in the work of rapine as the religious magazines, which, among the thoughtless masses, naturally tend to dignify the hateful system, and to sanctify the ruthless imposture.* On this point, the communications from some of our correspondents are both startling and grievous, and such as show the necessity of religious men and religious magazines cutting all connection with quacks and quackery."—*Christian Witness.*—*Lond. Med. Gaz.*, July, 1845.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Yellow Fever and Quarantine.—A committee of the Physico-Medical Society of New Orleans, appointed to report on the expediency of Quarantine Laws, as a means of preventing the importation of yellow fever, sum up their report by declaring

"That they believe the yellow fever to be a disease of local or domestic origin, and that it is not an imported disease.

"That it is never contagious.

"That it may be made to yield to judicious police regulations.

"That quarantine laws are very expensive to the community, and that they are not only unnecessary and inexpedient, but worse than useless."

The report was unanimously adopted.—*New Orleans Med. and Surg. Journ.*

Salicin.—A circular has been issued by the surgeon-general to the medical staff of the U. S. army, directing them to make use of salicin, with a view of testing its febrifuge and antiperiodic virtues, and to report the results of their observations.

Hare-lip among Negroes.—Several examples of hare-lip in negroes have been published in the journals; the question, therefore, of their liability to this deformity is set at rest.

Cæsarian Operation.—This has recently been performed, it is said, (*Boston Med. and Surg. Journ.*,) by Dr. Shipman, of Cortlandville, N. Y. The result was unfortunate.

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Epitome of the Writings of Hippocrates and Galen.—Dr. JOHN REDMAN COXE has prepared an abstract or epitome of the writings of Hippocrates and Galen, and proposes to publish it if 500 subscribers can be obtained.

Dr. C. believes the whole may be condensed into two or three octavo volumes of from 500 to 600 pages each, the price not to exceed three dollars per volume.

It is to be hoped that he will receive sufficient encouragement to induce him to execute his task.

FOREIGN INTELLIGENCE.

Climacteric Disease.—Dr. H. KENNEDY, in a paper in the *Dublin Journ. of Med. Sci.*, (May, 1844,) justly observes that nothing has been added to this subject since the original paper of Sir H. Halford, throughout which Dr. Kennedy thinks an erroneous idea prevails, viz., that the affection occurs only in the aged. "At least," he says, "I may state with certainty that an affection which agrees in every respect with climacteric disease is by no means unfrequently met with in individuals between 20 and 30 years of age." His chief object is to direct attention to this point. He alludes to the fact that the various pains which very commonly usher in the attack are in a marked degree periodic. Weakness of the knees is a common symptom, not always connected with, or dependent on exercise, but coming on at a particular time, even when the patient is at rest. The disease often sets in with acute symptoms, which are apt to lead astray, particularly when referrible to the head. Loss of sleep is the most constant symptom, and loss of flesh and a marked change in the countenance are also very constant phenomena; but he disagrees with Sir Henry Halford regarding the acceleration of the pulse; having seen cases in which, from first to last, the pulse was not in the least quickened. Partial paralysis (imperfect i. e.) is common. He disagrees with Sir Henry Halford in reference to the renal secretion, which Dr. Kennedy has found diminished, and often depositing the lithates throughout the illness. Men suffer more during the progress of the disease from derangement of the digestive system and brain, and women from symptoms referrible to the lungs or heart. The *average* duration of the complaint is about nine months. In regard to diagnosis, there is danger of confounding many cases at first with local organic disease. Most cases do well, though many are fatal in advanced life. The nervous system is mainly implicated. In opposition to Sir Henry Halford, he thinks the effects of the disease are often entirely shaken off. As it cannot be cut short, too much should not be attempted. Medicines are apt to act *peculiarly;* quinine is one of the most useful. Change of air is not desirable early in the disease. If any indiscretion in diet be committed, it is often followed by an aggravation of symptoms, after 48 rather than 24 hours. Medical treatment is of more avail in the latter half of the illness.—*Brit. and For. Med. Rev.*, July, 1845.

Mortality among the English Troops in China.—The total number of deaths among the troops stationed at Hong Kong, in China, in 1844, was 373, including four officers, three staff officers, and one native officer; the average number of troops on the island being about 1800, which gives more than *one death for every five men.* In addition to this there were invalided to Europe and India 333, giving a non-effective return of deaths, 373; invalided, 333; total, 706; or upwards of one-third of the average strength of the garrison.

In number the deaths were greatest in Her Majesty's 98th regiment; that corps, however, was the whole year upon the island, while the other regiments were only part of the year; some only a few months. In the 98th regiment there were of deaths, 193; invalided, 125; total loss of the 98th by death and invalids, 318.

The 4th regiment of Madras Native Infantry arrived from the Straits' settlements in a sickly state on the 30th of April, and were therefore eight months of 1844 in China. The wing of the regiment in this garrison was 600 strong. They have lost during the eight months, by death, 129; invalids, 152; total, 281, in eight months, out of 600 men.

The losses sustained by other regiments are comparatively trifling, they having been but a short time here: the total deaths being 373 men.

A summary of deaths during the various months of the year shows the mortality to have been greatest in August and October, and least in March and April:—January, 30; February, 12; March, 4; April, 8;

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May, 16; June, 31; July, 49; August, 52; September, 42; October, 56; November, 50; December, 22.—*Lond. Med. Gaz.*, from *Hong Kong Gazette.*

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Inoculation with Tartarized Antimony.—It is well known that tartarized antimony constitutes one of the most active agents of revulsive medication; all practitioners have employed either Autenreith's pommade or stibiated plasters, and all have observed the development of specific pustules consequent on these applications. These pustules are developed irregularly; sometimes the eruption is too slight, and at others it is confluent, and then causes the formation of wounds, which are difficult to cure. To avoid these inconveniences, M. de Bourge de Rollot has had recourse to stibiated inoculation. The following is the description of his new plan (*Répertoire du Progrès Médical, par MM. Wahu et Quénot*):—

"A small quantity of porphyrized tartarized antimony is placed on a glass plate, and mixed with a little water or oil, just in the same manner as is practised with the dry vaccine lymph when it is about to be used. A lancet is charged with this mixture, which should be thick enough not to flow about on its point, and the requisite number of punctures is made in the part selected, as far apart from each other as may be deemed necessary, according to the indications to be fulfilled; in ordinary cases, I generally leave a space of from three to four centimetres between each. These punctures soon inflame, and the slightly pustulous inflammation which ensues, and which would soon disappear if let alone, is, on the contrary, soon changed into pustules, which acquire a more or less considerable size in proportion as their surface has been more or less frequently and carefully, and for a longer or shorter time, covered with a small quantity of tartar-emetic mixture, either the aqueous or the oily, which was used for their production. I use for that purpose a small camel-hair brush, or, better still, a very small wood spatula, and I repeat the stibiated application on the pustules, evening, morning and noon, for two, three, four, or five days, &c., according to the intensity of the inflammation which I wish to excite. When the affair is urgent, I would advise applying a fresh layer of the tartar-emetic compound on the pustules every two hours, by which means they will be developed so much more quickly."—*Med. Times*, from *Bouchardat's Annuaire* for 1845.

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Passage of some medicines into the System.—The essay of MM. Laveran and Millon must interest, in the highest degree, those medical men who are anxious to know, to a certainty, the physiological effects of medicines. The most numerous experiments have been made with the tartrate of potash and soda; when taken in the dose of fifty grammes at once it purges; but in small doses, from twenty to thirty grammes in the twenty-four hours, it is absorbed; the tartrate is burned in the blood, and the urine becomes alkaline. The authors state that the administration of the double tartrate in this dose is of use in stimulating nutrition when it is inactive.

Salicylic acid has been found in the urine of patients to whom salicine had been given.

Taken in moderate doses, the sulphate of soda passes into the urine. Natural sulphur furnished negative results: it was neither modified, nor absorbed.—*Ibid.*

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Chilblains treated with Nitrate of Silver.—Dr. Lauer, chief surgeon in the Kaiser Alexander grenadier regiment, in Berlin, is of opinion, that, in chilblains, no matter whether ulcerated or merely in the state of inflammation, the application of lapis infernalis (fused nitrate of silver) is the most valuable remedy; and he unhesitatingly recommends this treatment as the most applicable. It effects the cure with the greatest certainty, and in the shortest time, and, by restoring the altered texture of the inflamed parts to the normal state, it is, at the same time, the surest means for preventing relapses, so common in chilblains.

The treatment is as follows:—Simple chilblains are first a little moistened, then slightly touched all over their surface by the nitrate. Broken chilblains are strongly cauterized, and the humid places afterwards allowed to dry in the air. As soon as pus is gathering under the cuticle, it is removed by pressure, and then, with a well-pointed piece of nitrate, the spot under the cuticle is cauterized again. When the whole is dry, the ulcer may be considered as cured the moment the cuticle falls off. Sometimes, rather deep and large chilblains are cured by one single cauterization; sometimes two or three, and rarely more applications are required. The unpleasant itching disap-

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pears soon after the cauterization.—*Ibid.*, from *Med. Zeit.*, May 14, 1845.

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Plastic Operations on the Eyeball.—Dr. Plouviez, of Lille, made an interesting communication to the French Academy of Sciences on this subject. The *possibility* of removing a portion of the cornea in cases where it has ceased to be transparent, and of substituting in its place the cornea of an animal, has been abundantly proved by recent experiments. The utility of the practice is not, however, so well demonstrated, inasmuch as Dr. P. himself acknowledges having performed the operation *very frequently* without *even once* obtaining perfect transparency of the engrafted membrane. In his *most successful* cases the borrowed cornea remained more or less opaline. Dr. P. mentions a young girl of twenty-three, who lost the use of her eyes, at the age of three, from small-pox. The opaque layers of the cornea were extracted, and in their place Dr. P. inserted the cornea of a young dog, who was killed for the purpose. Four stitches maintained the juxta-position, and adhesion was speedily obtained; but the only benefit derived from the operation was to permit the patient to distinguish day from night a little better than she did before.—Professor Flourens observed that M. Feldmann, who has been pursuing for some time a series of experiments on this point of operative surgery, has reported more satisfactory results.—*Med. Times*, Aug. 30th, 1845.

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A woman who passed for a man, &c.—The following is not alone interesting by the singularity of the facts it reveals, but also by the results of the post-mortem examination of the body of the person to whom the history refers. An individual, of about fifty years of age, known in society in Paris under the name of Sir Edward Douglass, died on the 13th of August of acute peritonitis. He had married in France a lady, who subsequently eloped with a military officer; the deceased was said to be the natural son of a noble earl, who held a high office in the household of George III. On examination of the body it was found to be that of a woman. The autopsy was performed, and the following alterations were discovered in the abdominal cavity:—The peritoneum was the seat of abundant serous liquid secretion, and a considerable quantity of sanguineous effusion, the result of acute disorder, existed in the abdomen. Two large fibrous tumours, attached to the margin of the uterus, were extracted with the womb, and presented to the Anatomical Society by Dr. Levaillant. The largest, situated on the left side of the uterus, with which it was connected by a pedicle inserted close to the left Fallopian duct, had acquired almost the size of the head of an adult, measuring from eight to nine inches in its length, and seven to eight in its breadth. The second tumour was rather more than half the size of the first; both offered the fibrous texture, and had become, in a great measure, the seat of bony deposit. The body of the uterus presented only one fibrous nucleus, and from the os uteri depended the pedicle of a mucous polypus, two inches and a half in length. The membrana hymenea was entire.—*Ibid.*

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Nævus Maternus.—Mr. Davis treats nævus maternus by making several small punctures in the tumour, and injecting a saturated solution of alum by means of Anel's syringe, until the nævus becomes somewhat hard and swollen. No other treatment is required; the inflammation caused by the injection gradually subsides, and the nævus disappears in the course of time.—*Ibid.*

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Burns and Scalds.—We recollect in our boyish days a composition which was considered as a specific for burns and scalds, and the possession of the secret of its ingredients was looked upon by the vulgar as belonging to one particular family. The prying curiosity of youth enabled us to steal this secret from the modern Esculapius. The composition alluded to was formed by boiling the leaves of the foxglove in water, and expressing the juice, and mixing that with fresh butter, so as to form an ointment. Its application had a most soothing and beneficial effect; and seeing that water extracts all the valuable part of foxglove, we need not be surprised that such an ointment should have a marked effect in diminishing inflammation and irritation.—*Lancet*, from *Quarterly Medical Journal*, Delhi, India, No. 4.

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Asiatic Cholera.—The latest advices from India state that the cholera, in its most malignant form, has been raging in Lahore and the surrounding districts, and it was calculated that the deaths averaged at from five

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to seven hundred a day. At the date of the last accounts this dreadful disease was on the decline, after having carried off between 20,000 and 30,000 persons. Peshawar was almost deserted by its inhabitants, every one who had the means of removing having left that city, where the deaths between the 30th of March last and the 2d of May, amounted in number to 4,825.—*Lancet*, Aug. 30, 1845.

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Diagnostic value of the escape of a Limpid Fluid from the Ear in Injuries of the Head.—Dr. Laugier has constantly found, in cases of injury of the head in which a limpid fluid has escaped from the ear, the *petrous process* of the temporal bone *cracked*, and a more or less considerable amount of coagulated blood accumulated over the fracture. The dura mater was not lacerated. From these cases Dr. Laugier concludes, 1st. That the discharge of a watery fluid from the ear, after injuries of the head, indicates a fracture of the petrous bone, and a communication abnormally established between the cavity of the cranium and that of the tympanum, or the meatus auditorius externus. 2d. That the origin of such liquid is the effusion of blood consequent upon the fracture, and the extravasation of the serum from the divided vessels. 3d. That when, from the co-existence of paralysis or other symptoms, with this watery discharge, the application of the trephine is resolved upon, the instrument should be applied above the meatus auditorius externus, in preference to any other spot.—*Med. Times*, from *Archives Générales*.

—

Blistering in Typhoid Fever.—Dr. Louis stated, at the Acad. de Méd., that the practice of blistering in typhoid fever seems, from the analysis of a large number of cases, to be both useless and dangerous, from the tendency to ulceration and gangrene of all sores in cases of typhoid fever.

—

New Antidote for Poisoning by Corrosive Sublimate.—M. Poumet has lately proposed the use of the protochloride of tin as a chemical antidote in cases of poisoning by corrosive sublimate. He states, that he has given to dogs a mixture consisting of two parts of the protochloride, dissolved in thirty parts of water, without causing mischief; and that this was sufficient to decompose entirely in the stomach *one* part of corrosive sublimate, and reduce it to the state of metallic mercury, thus rendering it inert. The results were favourable in sixteen experiments out of twenty-three; although large doses of poison had been given to the animals. The author is prosecuting his experiments, and we shall reserve our comments until they are completed.—*Annales d'Hygiène*, July, 1845.

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Ovariotomy.—Mr. Southam has recently extirpated an ovarian tumour which weighed 31 pounds. The patient was doing well on the 14th day.

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Enormously distended Gall-bladder.—Dr. Babington has recorded, in *Guy's Hospital Reports*, vol. vii, an example of enormously distended gall-bladder, the cyst containing at least three wash-hand basins of fluid.

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Parisian News.—Prof. Lallemand, of Montpelier, has been elected to the place in the Medical Section of the Academy, vacated by the death of M. Breschet; and has removed to Paris. It is said that he does not intend to engage in the practice of the profession.

M. Boyer has succeeded M. Breschet as surgeon to St. Louis. M. Jobert, who was first appointed, having declined in consequence of certain restrictions imposed by the council of administration.

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Obituary Record.—At Dublin, on the 30th July, John Houston, M.D., in the 44th year of his age.

At Chacewater, Cornwall, on the 12th of August, E. O. Hocken, M.D., at an early age, from tubercular phthisis, a disease which formed the subject of one of his latest publications.* It is worthy of note that the object of this publication was to show the *curability* of tubercular phthisis by Naptha.

At Birmingham, on the 26th July, Dr. Male, author of a small work on Juridical and Forensic Medicine. His death is attributed to tincture of aconite which he injudiciously took in too large doses, for the cure of neuralgic pains in the back and loins.

* A Practical Inquiry into the Value of Medicinal Naptha in Tubercular Phthisis. By E. O. Hocken, M. D, &c., London, 1844.

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THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Clinical Lecture delivered at the Meath Hospital. Pneumonia in Children. By R. J. Graves, M. D., &c.—The next case to which I shall call your attention is that of J. Duffy, a little boy who on the first of this month was attacked with symptoms of fever followed by thirst, nausea, and vomiting. On his admission six days afterwards, we found him complaining of headache and sleeplessness, but the fever, thirst, and abdominal symptoms had disappeared. The weight of the disease seemed to have fallen chiefly on the respiratory system, for he had loud, hard, incessant cough, increased by motion, and without any expectoration. The moment I heard the peculiar sound of the cough, and observed that it was increased by motion, a suspicion of the existence of pneumonia struck me, and on applying the stethoscope under the right scapula, I found extensive dulness, absence of the respiratory murmur, and crepitus. Over all the rest of the thorax respiration appeared to be clear and natural, but here, instead of the clear sound, we had nearly complete absence of respiration, with slight crepitus. The disease was therefore fever complicated with extensive inflammation of the postero-inferior part of the lung.

Now inflammation of the parenchyma of the lung, when it attacks children, presents some remarkable points of difference from the same disease in the adult.

I am not at present prepared to enter upon an explanation of the pathological differences which exist between the pneumonia of infants and children below the age of three, and children above that age; certain it is that important differences do exist, and that also inflammation of the lungs in adults is essentially different from both. Again, in persons advanced in years a fourth variety of pneumonia occurs, whose features are very characteristic and peculiar. Observe, gentlemen, when I assert that inflammation of the lungs assumes different characters, according to the age of the individual attacked, I am touching on a practical point of the greatest importance, for I have no hesitation in adding that the same mode of

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treatment is not applicable to any two or three varieties of pulmonary inflammation. Thus mercurial salivation rapidly produced is our sheet-anchor in the pneumonia of adults and persons in the vigour of life, but such a method of treatment cannot be applied either in infants, children, or in old persons. Again, in the pneumonia of children above three years old, nauseating doses of tartar emetic, persevered in with judgment, and combined with blood-letting, leeching, blistering, &c., are chiefly to be relied upon, whereas in infants a perseverance in the exhibition of tartar emetic for more than one or two doses is inadmissible, while minute doses of calomel, ipecacuanha and chalk, exert a most beneficial influence on the complaint. In infants, too, there must be much more caution exercised with respect to the detraction of blood; but, gentlemen, I find that this subject has not yet been examined with the attention it deserves, and that consequently we cannot yet lay down general rules for your guidance. Certain I am that much remains still to be done concerning the best means of treating inflammation of the lungs according to the age of the patient. A very good foundation for the pathology of this disease in infants and children has been laid down in an essay by Gerhard, which you will find detailed in a former number of the Dublin Medical Journal.

In the case before us there were some circumstances worthy of remark, as being calculated to make a false impression, and to prevent us from following the only mode of treatment likely to produce relief. There was no febrile action present, and the pulse was only 72, soft and regular. There was scarcely any heat of skin, the bowels were natural, and he had some appetite; the only circumstances indicative of general disturbance of the system were some foulness of tongue and want of sleep. Here the state of the pulse and skin, with the absence of fever, would be likely to mislead the practitioner, and cause him to overlook the real nature of the disease. I need not tell you, gentlemen, that this would be a very important error; the spontaneous efforts of nature would be totally inadequate to its removal, and it would in all probability terminate fatally.

You may perhaps ask, whether the state of pulse, observed in this boy, be a good or bad sign. If we look to nosological arrangements, we shall find that pneumonia is generally accompanied by a strong quick pulse, in fact that this is its natural condition under such circumstances, and therefore we should say that the slow and tranquil state of the pulse in this case was not a good sign. But my impression is that, *cæteris paribus*, the quieter the pulse in pneumonia, the better. It indicates a disease of less violence and much more amenable to treatment. The worst cases I have seen, all those cases of young and healthy individuals which terminated fatally in spite of active treatment, were cases characterized by high excitement of the circulation, and where bleeding, leeching, and tartar emetic failed in overcoming the hardness, or abating the velocity of the pulse. Thus in a case which I saw with Mr. M. Colles, and where the patient was a powerful strong man, bleeding after bleeding failed to diminish either the frequency or the hardness of the pulse, neither did the most energetic measures in the slightest degree seem to check or even retard the progress of the inflammation, which, producing a rapid hepatization of one portion of the lung after another, soon proved fatal: so great was the arterial action in this case, that all the superficial veins of the hand had a distinct pulsation communicated to them. On the contrary, when the pulse is soft and slow, the disease, though likely to be latent, and thus give rise to error, is generally under the influence of ordinary treatment.—Wherever the pulse remains quick and hard after the employment of free antiphlogistic treatment, your prognosis should always be doubtful if not unfavourable.

In treating this boy's case I did not order general bleeding, for no matter where the inflammation may be situated, if it has no effect on the general circulation, *if it be unaccompanied by increase of pulse and heat of skin, you may dispense with venesection*, for it will not do any good. Here your means of treatment should be cupping, leeches, blisters, and the internal use of antiphlogistic remedies. I have ordered this boy to be leeched and blistered, and to take small doses of mercury. I beg leave to observe here, that in exhibiting mercury for pneumonia in children, or boys under the age of puberty, I do not, as in the case of adults, prescribe it in large doses, or with the view of producing a decided action on the system. In the pneumonia of adults, calomel is given in very large doses (I sometimes give it in

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scruple doses twice a day), with the view of inducing sudden salivation, because we know from experience, that there is nothing which checks so rapidly the progress of inflammatory action. It is true that mercury will occasionally stop the further progress of pleuritis or pneumonia, without having affected the mouth, just as we now and then observe the removal of syphilis without actual salivation. But, generally speaking, when you give mercury to cure syphilitic iritis, common pneumonia, or pleuritis, its action is more favourable and more decidedly curative, when it operates fully on the system, as denoted by the affection of the breath, gums, and salivary glands. This, however, is not the case with respect to children or boys under the age of puberty. Mercurialization has not the same beneficial influence on the pneumonia of early life, as at the adult period, and I believe the same remark will be found to hold good with respect to the aged. Certain it is, that in very young children and infants it is scarcely possible to affect the gums, mouth, and salivary glands, in fact to establish a true sore mouth and fetid breath by means of mercury; with respect to the aged, I cannot affirm positively, that the same observation applies, but this I know, that *large doses of mercury*, calomel for instance, do not cure inflammations in old people with anything like the certainty they display in the inflammations of young adults, or of the middle aged. In the present case I have given calomel in small doses, combined with ipecacuanha. It is not my intention to carry it so far as to affect the system, and I have combined it with ipecacuanha because its administration in this way has been found exceedingly useful in the bronchitis and pneumonia of children. We attempted here the resolution of the pneumonia by leeching, blistering, an antiphlogistic regimen, and the use of calomel and ipecacuanha, half a grain of the former, and a quarter of a grain of the latter every fourth hour. This acted twice on the bowels, and it is very probable that this soluble state will continue. Yesterday I ordered eight leeches to the chest, and when the bleeding ceased, eight more were to be applied. To-day, I have ordered twelve more. When you apply leeches to the chest in children, you should not rest content with merely ordering them, you should know how they are applied. There is a vast difference between merely prescribing remedies and seeing them properly employed. It too often happens that this powerful means of checking inflammation is rendered inefficient or even injurious by want of attention on the part of the physician. The leeches are ordered and sent from the apothecary's, but they are applied by an inexperienced mother or a bungling nurse. They are put on one after another anywhere they may chance to take, very seldom over the proper place, and during the whole time they remain on, the child's chest is left quite naked. This needless exposure of the chest is further increased by the habit of applying fomentations after the leeches have dropped off; the child gets fresh cold, and when the physician comes next day, he finds matters worse than before. The best way of applying them is to put them into a small box made of fresh deal shavings, such as is sometimes used for pillboxes, and place this exactly over the inflamed part. Having thus applied them over a circumscribed space, you may draw the bed-clothes gently over the child's chest, and he may remain covered until they are about to drop off. When they have dropped off, instead of fomentations, order a warm dry sheet or large piece of flannel to be placed over the chest, and in this way you will be able to get a large quantity of blood without exposing the child to the risk of cold. You may perhaps think these observations unimportant and even superfluous, but I am convinced that I have seen lives lost for want of proper care and expertness in the performance of an operation apparently so easy.

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Mesmerism.—We have had enough of clairvoyance for a whole life; yet nothing in or connected with it has surprised us half as much as the patience of Dr. Forbes in his endeavours* to arrive at what he calls the truth,—which, with us, is only another form of expression for exposing the fraud. *Cui bono?* What good can result? If ever there was a case that deserved and received respectful attention, it was the Tynemouth affair;—that case, thanks to Dr. Forbes and Dr. Brown, was thoroughly sifted: as our readers will remember, there was not one

* "Notes on a few more trials with the mesmerists on a second search for clairvoyance. By John Forbes, M. D."

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single assertion in Miss Martineau's whole statement relating to Jane that was not absolutely disproved by her own witnesses. Did this satisfy Miss Martineau that she had been imposed on? Not a bit of it. Well, here again the Doctor favours us with other exposures; one of them so amusingly conclusive that it is worth recording. George Goble, copying clerk to "a most respectable gentleman" in the Temple, (respectable, no doubt—"respectable" gentlemen and ladies are the tools with which knaves work; as the case of St. John Long and other Old Bailey records testify. What indeed is the value of a witness who is not respectable?) was discovered to have "the faculty of clairvoyance." Accordingly, at said "respectable gentleman's" solicitation, the Doctor consented to be present at a private performance, and was, he admits, very much astonished, though a little disappointed, at finding that said "copying clerk" was an old hand at these tricks, and had formerly exhibited in public, under both Mr. Vernon and Mr. Brooks. George's great feat was seeing through a solid body,—reading a paper placed in a card-case, and so forth. The Doctor, having been taken somewhat unawares on this occasion, proposed another performance, which was agreed to; and he went the second time, accompanied by Professors Sharpey and Graham. Of course precautions were now taken, and an attempt was made not only to test George's power but his honesty. George, it appeared, when in his mesmeric trance, was accustomed to throw himself about, after a strange fashion, on the sofa, and a suspicion very naturally crossed the Doctor's mind that, in this way, he contrived to open the card-case and read the writing. Mr. Sharpey therefore took with him a card-case filled with little bits of cork. "George," says the Doctor, "himself proposed that, to do away with all possible suspicion of unfair play, the card-case should be *tied up*. Accordingly, George himself tied the card-case, in the common cross-fashion, with red tape, &c. George immediately proceeded to his sofa, and went through all his wonted manœuvres, pressing the case to his forehead, and breathing on it with marvelous energy and unction. He was evidently in better spirits than during the last experiment, and openly expressed his conviction that he should 'do it' this time. The *sub-pulvinary* manipulations were, of course, not forgotten, and were closely watched. After a considerable time, and often-repeated strong action of the hands, perceptible through the muscles of the arms, some of our party had a glimpse of the card-case, under the edge of the pillow, *without its ligature*, and of the ligature *without its box!* Soon after, we were struck by the sudden and unusual stillness and tranquillity of George, still prone on his field of action; his hands remained motionless in their hiding place, his head and face buried in his pillow, and we began to think he had gone to sleep—when lo! we observed him hurriedly and repeatedly putting his fingers to his mouth, as if placing something therein, and, almost at the same moment, we observed some small fragments falling on the floor beneath the sofa, and exactly below the place of the pillow! These proved to be fragments of *cork*—mostly comminuted, but some still bearing the characteristic form and dimensions of those so ingeniously concealed by Dr. Sharpey in his card-case. Searching under the pillow, we found some more of them, and also detected the *hiatus valde deflendus* in the sofa, through which they had found their way to the carpet! The case was now clear; although George made one more effort to deceive us by exposing the card-case above the pillow *still tied by the tape*, and finally by placing it on the floor beneath his master's foot. But our patience was at last exhausted; we laid hold of the card-case, and announcing George's roguery and its detection, we forced still more of the unlucky cork-slips from his hands and from his mouth! Poor George was now fairly beaten—and he knew it; all his cunning and impudence, and all his magnetism, deserted him at once; he woke up in the most natural manner imaginable, without any de-mesmerizing process, and with none of that gentle, progressive unlocking of the senses, exhibited on previous occasions; and throwing himself on his knees on the ground, in an agony of shame and terror, confessed his roguery, and implored forgiveness! In doing so, however, the meek and penitent George, like all other habitual culprits when detected, of course strenuously asserted that this was his *first offence*." The *cui bono* is again on our lips. Was the "respectable gentleman," who desired "to seek the truth, and the truth only," convinced? Why he forthwith wrote to Dr. Forbes, that George "*was not awake*" when he fell on his knees and made

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the confession—that he subsequently awakened him "in due mesmeric form!" that "he awoke in an agony of tears, *quite unconscious of what had passed*, and remains so at this moment." Now if we were to allow this nonsense to pass as true, how would it affect the question? Was the "respectable gentleman" himself, were Dr. Forbes, Professors Graham and Sharpey all in a mesmeric trance, when they saw him open the card-case, and found the fragments of cork in his hands, mouth, and on the floor? One word at parting: Dr. Forbes may rest assured that he cannot minister to minds so diseased,—that "respectable gentlemen" or ladies, when they have eaten of the insane root, when they have once declared their faith in humbug, are beyond the reach of logic; whether equally beyond the reach of medicine we shall not take on ourselves to determine. The attempt, however, to convince them is not without risk. Dr. Forbes has himself startled us by the admission that "reading the words enclosed in these card-cases would at once establish what is called clairvoyance!" Now in all good humour we must observe that there is a lamentable halt in such reasoning—the reading the words enclosed would have proved only that George was a cleverer fellow than the Doctor supposed, and able to outwit a Doctor and two Professors. Why we have known common conjurors who would have been more than a match for the whole College of Physicians.—*Athenæum*, Sept. 13, 1845.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

University of Pennsylvania.—This institution is justly entitled to the appellation of the parent school of medicine in the United States, having been in existence *eighty years*, exhibiting a list of nearly *four thousand four hundred* graduates, and having contributed to the education of between *eleven* and *twelve thousand* physicians.

We have before us the annual report of the faculty, from which we learn that at the last session there were four hundred and forty-seven matriculates, and one hundred and sixty graduates. * * *

Notwithstanding the multiplicity of medical schools throughout the country, we are pleased to see that this ancient and renowned seat of professional learning still retains its merited popularity, and that the proportion of its students and graduates has in no wise diminished.—*St. Louis Med. and Surg. Journ.*, Oct., 1845.

Mortality of Infants.—The mortality of infants, "it seems to be admitted on all hands," it is said in the *St. Louis Med. and Surg. Journal*, "is greater in St. Louis than in any other American city of its size."

The Medical Schools of Philadelphia.—The session of 1845–46 will commence on Monday, Nov. 3. The prospect of large classes is, we learn, flattering.

FOREIGN INTELLIGENCE.

Spasmodic Lowering of the Jaw.—M. Malgaigne thinks that many cases of spasmodic lowering of the jaw have been described as dislocations; he has never been able to produce dislocation on the *dead* subject.

Introduction of extract of Belladonna and gummy extract of Opium into the Urethra in incarcerated inguinal Hernia. By. Dr. Tronsone.—The taxis, application of ice, venesections, clysters, &c., having all been employed in vain in a case of incarcerated hernia, in which the operation was obstinately refused, the author resorted to the method recommended by Riberi, by injecting into the urethra a mixture of ten grains of extract of belladonna and six grains of gummy extract of opium, by means of an elastic catheter, and applying some of the mixture to the hernia itself. Within a few hours after the injection the hernial swelling had disappeared, and all incarceration was removed.—*Med. Times*, Sept. 27, 1845, from *Schmidt's Jahrbuch.*

On the means of preventing the Incontinence and Decomposition of the Urine, which are noticed after Traumatic Lesions of the Spinal Marrow (Segalas).—First, the bladder of every man affected with traumatic paraplegia must be emptied regularly; secondly, the catheter must not be left in the bladder; and thirdly, those remedial measures which irritate the bladder must be avoided. These useful precepts are also applicable whenever, under any circumstances, the urine becomes spontaneously

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decomposed in the bladder before its elimination.—*Ibid.*, from *Bouchardat's Annuaire.*

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Palliative treatment of Varicocele.—M. Hervez (de Chegoin) calls this treatment palliative, because it is to varicocele what a bandage is to hernia. It does not cure it, but it removes the attendant inconveniences. It consists in drawing down the skin of the scrotum on the diseased side, and surrounding it with a circular bandage. The testicle is thus pushed upwards, the varicose condition of the veins disappears immediately, and with it all the inconveniences it occasioned. The first time I had recourse to this simple measure, says M. Hervez, was for a young man who was about to be married, and who had not time to be operated on. He became so well under it, that he would not have anything else done.—*Ibid.*

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Monstrosity.—M. Nicolas presented to the Academy of Medicine the body of a new-born infant, in which the bones of the upper portion of the cranium were wanting. A considerable portion of the brain escaped during its delivery, yet the child lived an hour, and uttered strong cries.

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Escape of a Tænia Solium through the Umbilicus.—M. Siebold relates in the *Archives Gén.* for June, 1844, the case of a young man in whom a tænia solium escaped from an abscess over the umbilicus.

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Pulmonary Fistula consecutive on a Scrofulous Necrosis. By M. Grapin.—A young man, seventeen years of age, but not apparently more than twelve, and of scrofulous parents, when thirteen years of age, became affected with scrofulous tumours and abscesses which opened in many parts of the body. On the 30th of July, 1844, he was in the last degree of marasmus, with cough, purulent expectoration, and difficult breathing, with diarrhœa. Over the fifth rib of the right side, below the margin of the pectoral muscle, was a considerable sized opening, from which air and purulent matter escaped with a whistling noise during expiration. This had existed for eight months. It was previous to that time an abscess, which had opened and continued to discharge matter ever since. The rib under the opening was carious. There was no symptom of effusion within the chest or of pneumothorax. The chest was sonorous on percussion, excepting immediately around this aperture, where the mucous rattle was observable. On the side of the neck was a fistulous opening which communicated with the third and fourth cervical vertebræ, which were carious; œdema of the extremities, swelling of the glands, &c., were present.

On his death, it was ascertained that the opening opposite the fifth rib communicated with a sac in the lung, into which one of the larger bronchi entered. The lung at this point was adherent to the chest, and the rib was carious and fractured. In the sac in the lung was found a triangular shaped sequestrum from the rib. The interior of the cavity was lined by a shining membrane apparently continuous with the mucous membrane of the bronchus. Miliary and agglomerations of gray tubercles were found scattered throughout the lungs.—*Ed. Med. and Surg. Journ.*, Oct., 1845, from *Archives Gén.*

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Barley-water a powerful Diuretic.—According to M. Themont, barley-water is a powerful diuretic, and may be employed with advantage in cases where more powerful diuretics might prove deleterious. He boils two handfuls of barley in three pints of water down to two pints, and gives a cupful five or six times daily. He relates a case of dropsy depending on hypertrophy of the heart, in which, by this simple means alone, a copious diuresis was produced which removed the dropsical swellings in a few days.—*Ibid.*, from *Journ. de Pharm.*

—

Danger of Arsenical Injections in Subjects intended for Dissection. By M. Benoit.—As arsenical injections are very often used now to preserve bodies for dissection, it is right to be aware of the dangers resulting from the practice. At a *concours* held lately at Montpelier, six bodies were given for dissection, five of which were injected with an arsenical solution of the strength of about 900 grains of arsenious acid to about 2½ pounds of water. The five gentlemen to whom these injected subjects were allotted were attacked with severe symptoms of arsenious poisoning, as drowsiness, colic, diarrhœa, vomiting. All, too, were affected with a severe and continuous lancinating pain at the extremities of the fingers. This pain had its chief seat in the bulb of the finger and the circumference of the nail. The painful part was visibly swollen, and an ap-

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pearance resembling ecchymosis was perceived through the nails, which were afterwards cast off. These five individuals were also troubled with uneasy tremors of the upper extremities. They all recovered. It is asked whether these symptoms, especially the pains in the fingers, were produced by the direct absorption of the poison, or by the breathing the arseniuretted hydrogen, which it has been ascertained animal bodies exhale when preserved by means of arsenic? Perhaps both causes had their share in the production of the symptoms.—*Ib.*, from *Journ. de Pharm.*, Feb., 1845.

Urethroplastic.—A man, in consequence of losing about three inches of the lower portion of the urethra and adjoining integuments, from gangrene supervening on an extravasation of urine, applied to M. Jobert. When his constitution had sufficiently recovered the effects of this severe injury, M. Jobert removed a flap of integument from the scrotum and back of the penis, and applied it to the parts where the urethra had been destroyed. A fine catheter was left in the bladder till the cicatrization was completed. The operation succeeded. The patient now makes his water freely through the restored urethra, only the penis remains slightly curved in consequence of the cicatrix resulting from the removal of the integument.—*Ed. Med. and Surg. Journ.*, from *Arch. Gén.*

Bifid Uterus and Vagina.—Dr. Huguier mentioned to the Academy of Medicine, Sept. 23, the case of a woman, still living, who presents a double uterus and a double vagina. This person has had a child, and on examining the organs with the speculum, the left womb is found to have traces of impregnation, the os uteri being oblong transversely, and has evidently been lacerated in labour. The os tincæ on the right side is circular and virginal. After accouchement, milk was secreted only in one breast, on the same side of the gravid uterus.—*Med. Times*, Oct. 4, 1845.

Poisoning by an extremely small dose of Morphia. By M. Danyau.—A woman with disease of the uterus was suffering from obstinate vomiting. For this a blister was applied to the epigastric region, and dressed with the thirty-second part of a grain of the hydrochlorate of morphia. As this very small quantity produced scarcely any effect, it was repeated the next day. Shortly after this she fell into a state of complete narcotism. There was great drowsiness, ringing in the ears, fever, marked alteration in the intellect, objects were seen indistinctly, so that only the eye or arm of her attendants were seen, and soon she was seized with convulsions. She was twice bled, ice was applied to the head, sinapisms to the thighs, and she gradually recovered, though for several days there remained weakness, confusion of sight, and embarrassment of speech. —*Ibid.*, from *Gaz. des Hôpitaux.*

Diseased Potatoes.—The following remarks from Mr. Herapath, a distinguished English chemist, are worthy of notice:

"My attention has been given to the disease which has shown itself so extensively amongst the growing potatoes. I find, in almost every instance that the epidermis of the stalk *below* the surface of the ground is more or less in a state of decay, often disintegrated, and completely rotten; the leaves and branches accord with the state of that part of the stalk below the ground. The tuber, beneath the outer skin, is first spotted brown (like a bruised apple): these spots extend and penetrate towards the centre, quite changing the nature of the potato. Those near the surface are most injured; in some cases the lowest on the root are not at all affected, while the upper ones are useless. I should therefore expect that the longer the crop remains in the land, the greater the injury will be. It seems, from the microscopic appearances, that the starch escapes injury for a long time after the skin and cellular parts are gone; and as the whole of the nutritive powers of the potato reside in the starch, I should recommend that wherever the disease has shown itself to any extent, the crop should be dug, whether ripe or not, and the starch extracted by the following simple process:—After washing the roots, let them be rasped fine, and thrown into a large tub or other vessel; pour a considerable quantity of water, and well agitate and rub the pulp with the hands; all the starch or fecula will, from its great weight, fall to the bottom, while the skin and fibrous matter will be carried away by the water; wash the starch with one or two more waters, allowing it to fall after each washing; spread it upon cloths in a warm room to dry—in this way about twenty or

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twenty-one pounds will be obtained from every one hundred pounds of potatoes, and will contain as much nourishment as the original roots; it will keep any length of time, and may be used with flour to make bread, pies, puddings, &c., as well as farinaceous spoon-meat. This is much better than throwing away the diseased roots, and will furnish food for tens of thousands who might otherwise want it."—*Ibid.*

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Creasote in Dysentery.—In a severe form of dysentery which occurred near Tunbridge Wells, and in which all methods of treatment appeared unsuccessful, the mortality being as high as 25 per cent., Dr. WILMOT thought of trying creasote enemata in the strength of ℥j to ℥xij of starch. This remedy produced a speedy amelioration of the disease.

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Epilepsy.—The occasional suspension of this disease by the supervention of intermittent fever, has led M. SELADE to endeavour to establish an artificial intermittent by the use of means which bring about a state resembling the several stages of the genuine disease. Thus, in order to induce the factitious cold stage, the patient is submitted to a prolonged immersion in cold water. He is then placed in a heated room, and covered with bed-clothes, until the hot and sweating stages are counterfeited. Dr. S. states, as the result of his observations, that after the repetition of this process for a few times, at the same hour, the artificial intermittent establishes itself without the intervention of the bath; and details two cases in which obstinate epileptic attacks were thus completely and permanently removed.—*Ranking's Abstract.*

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Peculiar Symptoms from Tape-worm.—Dr. STEINBECK observed in a woman twenty-two years of age a strange case of vertigo, with continual humming in both ears, for which she could assign no cause whatever. The complaint had already lasted a year, and many internal and external remedies had been employed, but with no benefit. The humming appeared first, increased gradually in strength, and was at last accompanied with the giddiness before mentioned, which occurred from two to four times a-day. Congestion of blood to the head being the supposed cause, leeches, foot-baths, and purgatives were employed. After the patient had been treated inefficiently by the above remedies for four weeks, the author was called in, and considered the disorder to proceed from abdominal nervous derangement. He ordered, therefore, antihysterics, but to no purpose. All on a sudden violent vomiting ensued, which yielded at length to prussic acid. The patient took two drops every two hours, when the vomiting ceased after a few doses, and the patient felt a certain ease, which she had not perceived for two years. The nervous abdominal symptoms—retching, humming, and giddiness—had entirely vanished. The cause of these complaints soon became evident, for on the following day a perfect, dead tape-worm, fifteen yards long, was evacuated, though the want of the usual helminthic symptoms neither suggested to the first physicians nor to the author the proper diagnosis. The strong doses of prussic acid had undoubtedly killed the worm. Since the latter has been evacuated, the woman is perfectly healthy, and no longer suffers from the previous giddiness or humming.—*Ibid.*, from *Pr. Vereinszeitung.*

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Mr. Wakley.—The late journals contradict the report of Mr. Wakley having had an apoplectic attack.

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Extra-uterine Pregnancy. — Professor M'CULLOCH, of Montreal, records in the *British American Journal* a case of extra-uterine fœtation, in which the child was removed by the Cæsarian operation, and the mother recovered.

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Montreal Eye Institution.—An institution for diseases of the eye has been opened at Montreal, under the care of Dr. Morson; Dr. Macdonnell being the consulting physician.—*British Am. Journ. of Med. and Phys. Sci.*, Oct., 1845.

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Hospital at Kingston.—An hospital for the reception of medical and surgical cases has been opened at Kingston, Canada, under the immediate professional charge of Dr. Hallowell and Dr. Sampson.—*Ibid.*

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Obituary Record.—The death of Prof. D'OUTREPONT, professor of midwifery in the University of Wurtzburg, and one of the most eminent obstetricians of Germany, is noticed in a recent foreign journal.

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THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Clinical Lecture on Medicine, delivered at the Meath Hospital, Dublin. By Robt. J. Graves, M. D.—*Treatment of Iritis by Mercury and Turpentine.*

Before I conclude, allow me, gentlemen, to make a few observations on the treatment of iritis; you are all aware, from what you have seen of my practice, that it consists in the antiphlogistic treatment, general and local, combined with a prompt exhibition of mercury, the use of belladonna ointment, &c. Now there is one point of practice, not laid down in books, but which is very important: I mean the exhibition of spirit of turpentine internally. This remedy was first recommended in iritis, as is well known, by Mr. Carmichael, junior, of this city; since the date of his last publication on this subject, I have had opportunities of observing its effects, and I have arrived at some conclusions on the subject, by no means uninteresting, for they tend to establish that spirit of turpentine is an excellent adjuvant to mercury in the cure of iritis. Who has not remarked the curious fact that when iritis is yielding rapidly to mercury at the time salivation comes on, the improvement in the eye may cease after a few days in some cases, although the mouth is still sore? The practitioner is then embarrassed, and hesitates to decide whether he shall resume the exhibition of mercury; as he has no other resource, he does so, and again gives calomel freely, and again the eye improves. In a few days the mercury is again laid aside, either because the patient is suffering much from its effects, or because the physician thinks the inflammation is quite subdued; how much is he mortified then to find that in the course of a few days, and without any apparent cause, the eye is threatened with a relapse. The sight again becomes dim and clouded, the zone round the cornea becomes again red, and pain is again complained of. What is now to be done? Is there no other resource but mercury? Yes, gentlemen, I have much pleasure in being able to assert with confidence, that spirit of turpentine is a most valuable remedy under these circumstances; no one, indeed, can justly estimate

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent Gratuitously *to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for February.*

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its value, who has not been placed in the embarrassing situation above described. I first tried it in a case that I attended along with Mr. Carmichael, sen., and Mr. Colles. A gentleman, of robust frame, aged twenty-two, had contracted chancres. He remained in the country for several weeks, and then came to town for advice, and placed himself under my care. I directed rest, cooling aperients, and cleanliness for a few days, in order that I might have time to form an opinion as to the necessity of giving mercury. In the meantime, he felt himself not quite well, and one of his eyes became red and watery; I at once feared syphilitic ophthalmia. This new affection resisted the ordinary antiphlogistic means, and in a short time its nature was evident. I had now the benefit of Mr. Carmichael and of Mr. Colles' advice, and mercury was boldly given. In a very short time the mouth was touched, and the iritis checked in its progress.

As our patient had more than once been attacked with a spitting of blood since puberty, we were anxious to cure his iritis with as little mercury as possible, and we, therefore, desisted from its use, as soon as an evident improvement had taken place in the eye. In a few days, however, we were again forced to resume it in larger and repeated doses, for the redness of the eye, the pain in the eyebrow and the dimness of sight had suddenly come back. This time we persevered in the use of mercury much longer, until, in fact, all danger of a relapse seemed over, so much so that both Mr. Carmichael and Mr. Colles took their leave, a step in the propriety of which I fully concurred. Judge, then, gentlemen, how much I was mortified at observing another relapse of the iritis in the course of a few days, and that while the mouth was still sore, very sore from the mercury previously given. I was much embarrassed as to the mode of practice I should adopt, and felt very unwilling to begin with mercury a third time, fearing that a scrofulous diathesis might be thus acted on unfavourably, and spitting of blood excited at no distant period. At length turpentine suggested itself to my mind; I remembered what Mr. Carmichael, jun., had written on its exhibition in certain forms of iritis, and it struck me forcibly that I was justified by analogy in expecting advantage from its employment; I accordingly gave my patient thirty minims of spirit of turpentine well diluted with barley-water three times a day; the effect was most satisfactory; the very next day the eye was evidently better, and it improved steadily afterwards until it became perfectly healthy. We continued the use of the turpentine about a fortnight.—Since the occurrence of this case I have met with several others, one of which was under the observation of my class at the Meath Hospital, and for the subjoined notes of which I am indebted to Mr Mahood:—

Martin Keyburn, ætat. 17, was admitted on 30th May. States that he had an impure connection about two months ago, and that a fortnight after he observed a sore on the penis, or rather, as he describes it, an excoriation, situated at the frænum, to which he applied bluestone, and on the following day the prepuce became so swollen that retraction was impracticable for nearly six weeks, accompanied with a copious discharge: about this period he with some difficulty effected this object, but the pain and swelling which ensued caused him instantly to replace it, and at the time he observed that the force required caused blood to issue from the abraded surface. The swelling having decreased, he was enabled to retract the prepuce without much difficulty, after a lapse of six or seven days, notwithstanding not having been under the influence of medicine, and on his admission into the hospital he presented the following appearances:

The body densely covered with a syphilitic eruption, pains in the lower extremities, no swelling of penis, but on and about the frænum there is an extensive excoriation, but no hardness; iritis of right eye, left one quite well; no fever; bowels regular. To commence by a small bleeding.

30th.—Venæsectio ad ℥xij. ℞.—Calomel gr. ij. Ft. Pilula, quater vices in die sumend.

31st.—Rept. Pilulæ. Lotio nigra peni.

June 1st.—The eruption is disappearing, but both eyes are now affected. States he can see very well with left one, but that there appears to be a cloud between him and the object when looking with the right; violent pains in the small of the back; intolerance of light. ℞.—Ext. belladonnæ superciliis. Hirudines xviij. infra orbit. Enema cath. statim. Rep. Vesp.

2d.—Eyes better, not so red. Rep. Pilulæ.

3d.—Rep. Pilulæ.

4th.—Eyes much improved; redness disappearing. Rep. Pilulæ.

5th.—Rep. Pilulæ.

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6th.—Omitt. medicamenta; redness disappeared.

8th.—Redness reappeared; bowels regular; sleeps well. Rep. Pilulæ. Rep. Ext. bellad. superciliis.

9th.—Did not get belladonna applied; eyes better; no redness; sore on penis quite healed.

10th.—Omitt. Pilulæ.

11th.—No redness of eyes.

12th.—Eyes have become red, without any attributable cause; other symptoms of iritis show a tendency to return. ℞.—Ol. terebinth. ℥j. quater vices in die sumend.

13th.—Redness much diminished. Rep. Ol. terebinth.

14th.—Redness disappeared. Rep. Ol. terebinth.

15th.—Sleeps well; has nothing to complain of; no venereal eruption. Rep. Ol. terebinth.

This boy continued his medicine for another week, and perfectly recovered. The effect of the turpentine was here very striking and satisfactory. To conclude, gentlemen, you perceive that though I cannot boast of being the discoverer of the use of turpentine in iritis, I may claim the merit of being the first to employ it to overcome the tendency to relapse where mercury has been given.—*Med. Times*, June 14th, 1845.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Resection of the Tibia and Fibula, for Compound Fracture of the right Leg, resulting in fixed deformity.—The above operation was performed on Wednesday, Nov. 5th, before the clinical class of the University of Pennsylvania, in the anatomical theatre, by W. E. Horner, M. D., Prof. of Anatomy in the University of Pennsylvania. The patient, David Storm, aged 36, a coal miner, from Honesdale, Pennsylvania, had his leg broken from the premature explosion of a blast in November, 1844. On union taking place the deformity was such as to make him a helpless cripple, which became the incentive to this operation, intended for the straightening of the leg. This was accomplished by resection with a saw and the subsequent adjustment of the ends of the bones. The patient, with the exception of a slight erysipelas of the part occurring on the 18th of the same month, but now extinct, has done well to the present date. The final result of this case, and the details of any interest, will be furnished in due time.

Ligature of the Subclavian Artery within the Scaleni Muscles.—This operation was, we learn, performed by Dr. J. K. Rodgers, of New York, on a patient in the New York Hospital. The patient did well until the twelfth day, when secondary hemorrhage occurred, under which the patient succumbed on the 14th day after the operation.

Removal of the Arm and entire Shoulder-blade with the Acromial half of the Collar-bone.—Prof. R. D. Mussey, of Cincinnati, writes to the editor of the *Boston Medical and Surgical Journal* that "in a case of osteo-sarcoma of the os humeri and the scapula, he removed, in July, the arm and the entire shoulder-blade, with the acromial half of the collar-bone. The patient, a man 36 years old, left for his home in two and a half weeks with the wound healed, except that two ligatures upon arteries remained. This patient has lately written to Prof. M. that he enjoys fine health, better than he has had for several years. The disease commenced more than three years ago, and at the time of the operation presented, just below the shoulder-joint, a tumour about twenty inches in circumference.

New Books.—Messrs. Lea & Blanchard have recently published the valuable works of Dr. Golding Bird on Urinary Deposits; also the first part of Simon's Medical Chemistry, one of the works issued by the Sydenham Society.

Messrs. L. & B. have in press, and will shortly publish an interesting treatise on the Liver by Prof. Budd, illustrated with wood cuts and two beautifully coloured plates. Also the third part of Chelius's Surgery, and Durlacher on Corns and Bunions.

FOREIGN INTELLIGENCE.

Necrosis of the Jaw-bones.—Dr. Heifelder made a communication to the German Association of Natural Philosophers, on necrosis of the lower jaw, first mentioned by Dr. Lorinser, of Vienna, and lately occurring in Vienna and Nüremburg among individuals employed in the manufacture of matches, and attributable to the inhalations of phosphoric vapours. Drs. Scherer and

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Blumhardt then stated that similar cases had fallen under their notice in Ludwigsburg and Stuttgart, especially in the latter place, in children. Professor Dietz remarked, that up to this time the disease had been found to affect only the female workers of one and the same manufactory. Much had been ascribed to the influence of the workshop, through which an excessive draught of air passed, and the labourers, on account of the high temperature maintained, wore very light clothing. Similar cases, however, have since been noticed in other places, and it appears probable that the disease arose from the phosphorous vapours with which these localities are impregnated. This opinion seems the more likely, as many patients had not been exposed to the influence of the chloride of potassium (chlorate of potassa). It cannot be overlooked, however, that during the time the manufactory of Nüremburg has employed phosphorus free from arsenic, the number of patients has become less. Professor Fuchs remarked, that arsenical vapours are by far less injurious to health than has been hitherto supposed. This is proved in the case of mines in the Hartz mountains. Professor Scherer objected to allot any share in the production of the above disease to arsenic, as it is not so volatile as phosphorus. The president said that the effect of arsenic is frequently seen gradually to disappear. Dr. Roser had observed a similar evil affecting male individuals. This discussion having been brought to a close, Professor Dietz and Dr. Geist introduced three patients who had been under their treatment. These cases were the more interesting as, in two of them, the disease was in its first stage, and several specimens of the lower jaw-bone, partly extracted by an operation and partly removed after death, were well adapted, by their pathological changes, to show the termination of the disease.—*Med. Times*, Oct. 11, 1845.

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Treatment of Hydatids.—Klencke found laurel-water to act as an active poison to the cysticercus. Other therapeutic agents possessing this property with regard to hydatids in general are camphor, ethereal oil of cubebs, acetic acid, balsam of copaiba, spirits of turpentine, ammonia, and the carbonates. Klencke found electricity to be a powerful destructive agent. He tried it clinically indeed on a man aged fifty-four, who passed acephalocysts and echinococci with the urine. For this purpose he introduced the pole of a small galvanic battery through a glass catheter into the bladder; the other pole was sometimes applied externally to the abdomen, sometimes by means of a glass tube to the rectum, and sometimes to the lumbar region, with the best results, dead hydatids being discharged about four hours after each application until they ceased altogether.—*Med. Times*, Oct. 18, 1845.

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Hydrarthrosis of the Shoulder-joint cured by the Iodine Injection.—M. Roux read a paper on this subject to the French Academy of Medicine, (30th Sept., 1845). The author began by remarking generally that the history of hydrarthrosis had been chiefly made from cases of effusion in the ginglymoid articulations, and that the symptoms belonging to the same disease of enarthrodial joints have been more or less overlooked. The special characters of dropsy of these joints are:—The sometimes considerable elongation of the extra-articular synovial expansions; the distension of the flat muscles situated around the joint, and their flaccidity after the evacuation of the fluid; a change somewhat analogous to that occurring in the abdominal walls in consequence of ascites. In a case of hydrarthrosis of the shoulder-joint, of eight months' date, M. Roux injected a solution of iodine into the articulation; during the first thirty-six hours the patient experienced considerable pain, which afterwards subsided. A few days after three abscesses formed around the joint, in the axilla, on the inner side of the deltoidian insertion; and in the fossa infra-spinata, in the direction of the synovial expansions belonging to the long portion of the biceps, sub-scapularis and infra-spinatus muscles. Leeches were applied once, and a blister was also placed on the shoulder. The patient is now quite cured, and the movements of the joint are restored.—*Ib.*, Oct. 11.

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A Man blind from infancy who had the power of distinguishing Colours.—Dr. J. Black, of Glasgow, relates in the *Medical Times*, (Oct. 18th, 1845,) the case of a man who lost his sight, when twenty months old, by a second attack of small-pox, and, notwithstanding this, could with great ease distinguish one colour from another, refuting that common saying, "that such a one is no more able to judge of this or that thing than

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a blind man is of colours." He could impart all kinds of colours to all kinds of cloth, and, what is still more remarkable, all *shades* of colours. He was by trade a dyer, and followed that occupation, unassisted, with great success for a period of fifty-five years.

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Intestinal Suture.—An elaborate and interesting report was read to the French Academy of Medicine, Sept. 2, by M. Jobert, on a new plan of intestinal suture proposed by M. Moreau Boutard. The following is a summary of the report:—When an intestinal wound is united, its lips become puffed, and form a sort of mucous *pad* (bourelet), which M. Moreau Boutard removes by excision; he then joins the serous intestinal surface of one lip with the submucous tissue of the other, and maintains them in apposition by a suture. He presented nineteen experiments on dogs, in support of this plan, and submitted to the Academy four anatomical preparations. It is a report on this operation which M. Jobert brings forward.—After disapproving of the excision of the mucous *pad*, as being next to impossible to perform in man, and as a dangerous practice, exposing the intestine to gangrene, by the removal of vascular connections; the reporter further considered the proposed operation as a dangerous one, offering great chances of abnormal anus. The reporter, after enumerating the various intestinal sutures proposed by T. and B. Bell, Travers, Sir A. Cooper, Smyth, (of Philadelphia,) Louis, Lapeytonie, and others, proceeded to remark, that down to the last few years, surgeons were not guided by any fixed principles in the suture of intestines, and that the operation was generally abandoned to the inspiration of the moment. Three methods may be said to have outlived all others, and to unite the various modes of intestinal suture at present in practice:—1st. Union of structures of the same nature (*i. e.*, serous surfaces). 2d. Union of the serous, mucous, and muscular tissues with each other. 3d. Union of the serous surface with the submucous cellular layer. M. Jobert does not think that one form of suture is applicable to all cases, but that the stitches should vary with the shape and condition of the wound. M. Jobert closes his report by the appreciation of the three following sutures:—1st. M. Denans supports the intestinal walls by a foreign body, and always seeks to obtain the contact of the serous surfaces; this operation has been successful on dogs, but who will not fear producing even a limited gangrene of the intestine in man? 2d. M. Gely employs a suture, the object of which is to replace the union by the invagination of the gut, and to insure the removal of the threads with the feces. His stitch is very like that used by cobblers; it is called "suture en pique." M. Jobert has carefully examined it, and finds it causes valves to form in the cavity of the intestine, valves which time does not diminish, and which may occasion serious accidents by retention. M. J. would not advise its use, except in wounds of small dimensions. 3d. M. Reybard's operation, the endeavour to obtain union by the first intention, by the exact apposition of the lips of the wound, M. Jobert considers impracticable in man, on account of the thinness of the intestinal wall. A new suture, successful in three cases, has been lately proposed by Professor Nunciante, of Naples. The thread forms a spiral, alternately passing from left to right, and from right to left, leaving its ends in the angles of the wounds, each in a different lip, so that traction on the threads must produce inversion and apposition of the serous surfaces.—*Med. Times*, Sept. 13, 1845.

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Intermittent Fever and Tubercular Consumption.—It has been of late frequently asserted that these two maladies are not met in the same localities, and a recent memoir read to the Academy, goes so far as to deny the possibility of finding in marshy districts any proportion of tubercular patients, to be compared to the numbers who are victims to consumption in other provinces. This startling assertion was made with such confidence, that the Academy requested the physicians practising in countries where intermittent fevers are endemic, to report the result of their experience and researches on this important subject. Dr. A. Lefevre, physician to the naval hospital at Rochefort, a city where ague is observed in its severest forms all the year round, forwards to the Academy statistics on the point under discussion. Out of 30 deaths in his own practice, 10 were undoubted cases of pulmonary consumption. The case-book of the hospital makes mention of 615 dissections, where tubercles were detected 105 times in the lungs, and 27 times in other viscera, forming altogether an amount of 142 cases of tubercular disease out of 645 deaths; *i. e.*, rather more than

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one-fifth, a result quite contradictory to the alleged antagonism of phthisis and ague.—*Ibid.*

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Preservation of the Intelligence in a case of wound of the Brain.—M. P., ætat. 44, was the last of an unfortunate family singularly addicted to suicide; the father, a brother, and two sisters, although in good circumstances, and without any known cause of sorrow, had all committed suicide. On March 8th, 1845, M. P. endeavoured to put an end to his life by firing, at the same time, two pocket-pistols, one directed to each temple. One of the shots singed the skin of the forehead without causing any material injury; but the right bullet took a more fatal course, having perforated the temporal bone, and penetrated into the substance of the brain. The unfortunate man did not, it seems, lose consciousness, for, on being brought home in a carriage, he told his friends to pay the driver two francs and a half, the price agreed upon when he was placed in the coach. He recognized his friends, and his speech remained free and unimpaired. Dr. Trélat, on being called to the patient, found the left arm deprived of sensation and motion, and the left leg quite insensible, but still capable of some voluntary motion. On the 17th of March he expired; but up to the 15th he understood all that was said about him, and answered every question. Sight, taste, hearing, and olfaction were all preserved. The post-mortem examination showed the ball had merely perforated the skull, forming a neat round hole in the temporal bone, without any stellated fracture or splitting—penetrated into the fissure of Sylvius, passing between the middle artery of the dura mater and its branches, without injuring any of them,—traversed diagonally the right lateral ventricle, and lodged itself under the membranes, close to the falx cerebri, the resistance of which had arrested its further progress. The cerebral membranes were found inflamed, and the substance of the brain firm and healthy, free from any injection, and even from that appearance called "piquet."—*Ib.*

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Hydatids of the Heart.—Mr. Vines exhibited, at a meeting of the Reading Pathological Society, a specimen of encysted dropsy of the liver; the cyst containing hydatids The preparation was taken from a man who died suddenly, after having drunk some alcoholic fluid and beer. Examination discovered a large cyst, occupying the left lobe of the liver. The right ventricle of the heart was *filled with hydatids floating in its cavity.*

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Fistulous Opening of the Stomach.—Dr. Watson informed the *Medico-Chirurgical Society of Edinburgh* (Jan. 22, 1845) of the case of a young woman, the patient of a friend of his in the country, who had an aperture from the stomach externally. After having severe dyspeptic symptoms for two years, this opening burst externally four months ago, and continued to give exit to fluid and solid food after eating. It was gradually contracting, and the patient was apparently getting well.

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Royal College of Surgeons.—Mr. John F. South, Surgeon to St. Thomas's Hospital, and the translator and editor of Chelius's Surgery, has been appointed Professor of Anatomy and Surgery at the Royal College of Surgeons, in the room of Mr. Bransby Cooper, resigned.

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Obituary Record.—We regret to announce the decease of Dr. James Johnson, the learned and accomplished editor of the Medico Chirurgical Review. Dr. Johnson died at Brighton, on the 9th of Oct., in the 69th year of his age.

—— at Coldoch, Perthshire, August 7th, Dr. Robert Graham, the distinguished Professor of Botany in the University of Edinburgh.

—— Aug. 29, aged 60, Hardwick Shute, M. D., Physician to the Lunatic Asylum, Gloucester.

—

TO SUBSCRIBERS.

It was announced in the Supplement for Nov. that Sir Benjamin Brodie's Lectures would be concluded in the present Number. Some lectures have, however, since come to hand, which are too valuable to be omitted, and, in order to render the collection more extensive, it has been determined to continue the work into the next year. These lectures possess such great practical value that we are sure our subscribers will be well pleased with this arrangement, by which they will obtain the results of the vast experience of one of the first of living surgeons.

Royle's Manual of Materia Medica will be commenced in the Library for next year, as already announced.

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THE

MEDICAL NEWS.

MDCCCXLVI.

VOL. IV.

PHILADELPHIA:
LEA AND BLANCHARD.
1846.

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PHILADELPHIA:
T. K. AND P. G. COLLINS,
PRINTERS.

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THE MEDICAL NEWS AND LIBRARY.

VOL. IV. JANUARY, 1846. No. 37.

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CLINICS.

Clinical Lecture on Delirium Tremens. Delivered at University College Hospital. By Dr. C. J. B. Williams, F. R. S.

We have had several cases of delirium tremens lately, and I shall take this opportunity of making a few remarks on that disease in general, as well as on the peculiarities which each case presented.

You will find stated pretty broadly in systematic works what are the characteristics of delirium tremens, and what is the treatment which is generally successful. But we must remember that systematic medicine is one thing, and clinical medicine another. It is not my part to say that systematic medicine is of no use; on the contrary, it is of very great service; but it is not everything. It is impossible, by systematic medicine, to teach you all the phases of disease, and it is absolutely necessary to study it at the bed side, in order to be aware of the varieties which it presents, and to be capable of treating it successfully—to meet these varieties, in fact, as you should do, by a corresponding variety in treatment.

Delirium tremens, both practically and pathologically considered, may be defined to be a disease of excitement of the nervous system, leading to exhaustion, and requiring the use of composing remedies,—at least, chiefly. You commonly find practical men talking very largely about the entire and complete efficacy which opium has in the treatment of this affection. Give plenty of opium, they say; give enough to put the patient to sleep, and you cure the disease. But in some cases, we have had to prove that this rule is far from being absolute. You have seen several cases in which opium has been given in large quantities, in quantities sufficient to produce sleep, and yet the disease has not been cured.

We will take the matter a little more nicely, and consider first of all what delirium tremens is. We will analyze it a little further than by merely saying that it is excitement with exhaustion. Sometimes the leading symptoms which characterize it are those of excitement of the nervous system,

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent Gratuitously *to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for February.*

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which prevent the rest of sleep to such a degree that ultimately the vital powers become exhausted. Sleep is intended as a means of restoring all the vital powers, and particularly supplying an additional force to the excito-motory power, and the cause of want of sleep is a matter which has not been sufficiently attended to. Many morbid phenomena prove to us that the sensorial functions, the functions connected with the mind, and the voluntary powers, act in some degree as a balance to the functions of the nervous system connected with involuntary power. When the sensorial functions are greatly excited, excited to an excessive degree, the excito-motory functions become comparatively exhausted. On the other hand, where the involuntary excito-motory functions are excessively excited, as in convulsive attacks, the voluntary powers are in abeyance—there is a state of coma, stupor, or something approaching to it. The two cannot be in a state of continual excitement long together; the continued excitement of both leads to exhaustion of both, or one more than the other; and the great purpose of sleep is not only to refresh and to strengthen the sensorial functions, but for a certain time to suspend them altogether—that is, they are altogether suspended when sleep is perfect—when there is no dreaming. Sleep is designed not only for the purpose of restoring the sensorial powers, but doubtless to give increased temporary energy to the excito-motory powers. And what do we see in a state of tranquil sleep? In tranquil sleep the excito-motory function is that on which life mainly depends; it is that on which the respiratory movements hang, and were it to fail, sleep would become disturbed in consequence of the person being brought to the verge of asphyxia. I might illustrate this by a great number of cases—for example, cases in which sleep is imperfect. The whole nervous functions being exhausted, whether from mental excitement or bodily fatigue, or intoxication, what is the result? When a person is over-fatigued, he is too tired to sleep. The excito-motory function is exhausted as well as the other, and hence there is not strength enough to keep the respiratory action in energy sufficient for the comfort of the individual. The consequence is, he soon awakes, the sleep is disturbed, he starts with a feeling of nightmare, or oppression, and has to exert his voluntary muscles to supply by their movements what is wanting in the excito-motory function. This is the reason of imperfect sleep from over exhaustion.

But the excitement of the whole nervous system which exists in delirium tremens is not dependent alone on loss of sleep. In addition to continued irritation by the alcoholic stimulus to which the nervous system has been subjected, another cause generally co-operates in these cases—that is, the absence of a sufficient amount of nutrition. Habitual drunkards are always tippling, but they do not eat; they have no appetite, no powers of digestion; and the consequence is, that whilst they are in a state of continued intoxication, they are in a state of perpetual starvation. Inanition is induced, another cause of the exhaustion of the bodily powers generally, and of excitement of the nervous function in particular. It is well known that in all cases of inanition the bodily powers are depressed, but the nervous function is the last thus to suffer; it remains excited, in fact, in the midst of a general state of depression, as we see in cases of continued starvation, privation of food, and exhaustion from other causes. In excessive loss of blood, or drains of other kinds which exhaust extremely, we find that the nervous system remains excited even in the midst of weakness. These things have been illustrated by the experiments of Chossat on inanition, which show that the nervous system in these cases is not only the last to suffer in function, but the last also to suffer in structure, and the last to lose weight when animals are starved to death.

Now we know that this cause operates in the case of habitual drunkards; we know that they do not eat, from a want of relish, consequently that they are in a state with regard to the nutrition of the system approaching to starvation. This is another reason why exhaustion ensues. This view of the matter introduces us to another peculiarity of delirium tremens, and suggests to us another indication in the treatment in ordinary cases.

The indications of treatment are threefold. First, to compose that undue excitement of the nervous system which prevails, and which is exhausting the other powers. This is done by opium and other narcotics. Secondly, to support those functions which are failing, and which have been already so much exhausted that life may be in jeopardy. Although sleep is needed, yet strength is

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required to support life, and although sleep be obtained, perhaps the excito-motory function may be exhausted so low, that it may prove the sleep of death—it may be a reduction to a state of sinking. Under such circumstances—and they often occur in extreme cases of exhaustion in connection with delirium tremens—it becomes a little leading indication to support the system by stimulants, and food if possible. But there is a third indication which should never be lost sight of in the treatment of delirium tremens; that is, to purify the system from the poison that is in it. If it be a case of recent debauch there is an alcoholic stimulant in the system, and the longer it remains there the more mischief it will do. And in these cases there are other poisons besides the alcoholic stimulant. The body is a source of poison to itself, and if the vital powers are greatly reduced in their energy, the process of self-purification will not go on; the excretory functions are imperfectly performed; the urine is no longer freely secreted; urea, which is a poison in itself, accumulates; the bile probably accumulates in like manner, and the result of this, in an extreme degree, is to cause a poisoning of the system. It may not operate in such a violent manner as to lead us to say that the system is overwhelmed by the poison, but it contributes its influence. The cases I have to read will illustrate this point, showing that as long as the excretions are defective the nervous excitement continues, or the patient remains in a state of exhaustion, and there is an imperfect performance of the other functions. It is therefore a leading object to *purify the system by means of an increase of the secretions*, and this is generally done practically by means of purgative and diuretic remedies. This is the systematic treatment of delirium tremens explained in its principles.

But now we come to clinical varieties of this affection—to cases, as we meet with them in practice; and nothing is so good a guide to our understanding this subject, and, after understanding it, to our treatment, as a proper view of the *modus operandi* of the cause of the disease—that is, its true pathology.

Intoxicating liquors, I have stated before, produce excitement of the nervous system; but that is not their simple effect. Perhaps I may appeal to the experience of some who are present, who know what the operation of intoxicating liquors is; and although such experience is to be deprecated, yet we shall draw good out of evil, if evil has happened, taking a lesson from the past (without the need of repeating the experiment) to enlighten our minds for the good of others.

Intoxicating liquors affect three systems in particular—the nervous, the vascular and the secreting.

The effect of these liquors on the nervous system is, in the first place, stimulant and narcotic; and I must beg you to observe that these two effects vary considerably in different individuals, and in the same individual under different circumstances. With many persons they produce a state of wildness, excessive excitement, and that excitement not followed by any perceptible sopor or tendency to sleep. I have known many such cases in persons of nervous temperament, particularly excitable females; there no sleep ensues, and, as might be expected, the consequence in such cases is more pernicious, leads to more disturbance and exhaustion. But in most instances the secondary operation of intoxicating liquors is decidedly narcotic. In most instances a large dose of intoxicating liquors will speedily plunge a person into a state of sopor or coma; and, if it be excessive, that coma may be fatal. But short of this, we hear the familiar expression, that a good glass of brandy and water, or negus, or anything of that kind, is a very comfortable *night-cap*, and many get into the habit of taking it every night to promote sleep. With many, it has more that effect than any other; but it has that effect peculiarly in some states of the system, as after fatigue and exhaustion—when the fatigue and exhaustion are too much for sleep. Then a glass of brandy and water, something stiff, will prove a comfortable *quietus*—a night-cap. This illustrates the different operation of intoxicating liquors on the nervous system; I have already mentioned that they act in different ways on various parts of that system, but I have not time to dwell on that point.

But intoxicating liquors also act on the vascular system. Here their effect is twofold. In the first place it is stimulant, producing excitement, increased action of the heart, strong pulse, quickened circulation. They cause an increased glow and activity of circulation, perhaps by a direct influence on the production of animal heat; and indeed the result may be called directly stimu-

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lant. Then the subsequent effect is that of exhaustion. The exhaustion of the vascular system produced by these liquors is in the ratio of the previous excitement. This is not the case with regard to the nervous system. The vascular system passes into a state of weakness in proportion to the degree in which it was previously excited. If this be excessive, there is great weakness of pulse, and other symptoms of vascular debility. This element of the operation of intoxicating liquors is furnished in different degrees by different individuals. The excitement will be greatest in a person of sanguine temperament. If there be any disposition to excitement of the brain or the heart, or any other part connected with the vascular system, these parts may, under these circumstances, suffer from excitement, and, as the result of it, inflammation may be induced. We find accordingly that inflammation of various organs sometimes arises directly from the stimulating influence of intoxicating liquors. Bear that in mind with regard to the brain. The brain is one of the organs which is the first to suffer; and phrenitis, inflammation of the brain, of meningitis, inflammation of the membranes of the brain, and indeed every variety of inflammation of this organ, has been produced directly by intoxicating liquors. On the other hand, the weakness which follows this excitement is more likely to take place in persons of phlegmatic temperament.

Thirdly, intoxicating liquors operate on the secreting system. I have separated this from the vascular system, for the effect produced on that is not always proportioned to the excitement produced on this. Very different effects are apt to result from the disproportion between the two. The result of excitement on the secretion of the liver, the intestinal surface, the kidneys, and all other secernent organs, is to produce an increased flow; and this is exhibited also in various degrees in different individuals. It is well known that some cannot drink any amount of intoxicating liquor without the kidneys being excited to an extreme degree, and acting very freely under it. These are the persons with whom such liquors produce least mischief. There can be no doubt at all that the secreting system is a safety valve for this as for other poisons. So long as this safety valve is free, the increased stimulus and other injurious effects can be carried off by it, and so far the mischief resulting from them may, with regard to this element, be but small. But what is the effect of the continued excitement of the secreting system? It is exhaustion. You cannot go on stimulating a secreting organ long without fatiguing it, if I may use the expression. There is a certain amount of vital power appropriated to each structure, and if the structure be taxed beyond that power it fails in function, and consequently the function ceases, or is more or less impaired. What is the result! The failure of the secreting function, to the value of which I just now alluded. This failure acts as a blockade to the system, stopping up all the channels by which the system is freed from poisons, extraneous or intrinsic. This we find occurring in the long run in habitual drunkards. Although their secreting organs may serve them long, and save them from many evils—and the longer they serve them, the longer they can save them—yet, by and by, they get tired and worn out, their function and structure suffer, and then comes the tide of evils which close the scene of the lives of drunkards. You know what they are—cachectic diseases of various kinds, dropsy in particular, degeneration of structure, and a host of other affections, of which gout, rheumatism, gravel, and similar disorders may be considered the slighter degrees.

(To be continued.)

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

A Miraculous Cure, in the Nineteenth Century.—A wonderful recovery is stated to have occurred at Orleans last May, through the intercession of the venerable servant of God, JOHN BATTISTA DE LA SALLE, the founder of the congregation of "Brethren of the Christian School." We briefly refer to it, intending to give it more at large after a rigorous examination shall have been made by the sacred "Congregation of Rites."

A young woman, Victoria Ferry, 20 years of age, of that city, whilst sewing, in the capacity of an attendant in the Insane Hospital, was attacked by one of the crazy inmates (a female) in the hall of the institution, and so severely beaten that she would have been instantly killed had not two persons come to her aid and saved her from the raving maniac.

Soon after being carried to her room and put to bed, she was seized with a flow of

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blood from her mouth and eyes, which was accompanied with rigors. Doctor Vallet, who was called to attend her, prescribed various remedies, which proved of no avail. The patient grew daily worse.

The vomiting of blood continued constantly from day to day, which was supposed by her physician to come from her stomach and lungs. Her debility was extreme, so that, being unable to sit up, she was confined to her bed.

Doctor Vallet, who had charge of her case for the first seven years, considered that she laboured under an organic disease of the heart.

During the last eight of the twelve years of her disease her fever never left her—the thirst being unquenchable. It was difficult to induce her to take anything, as the act of deglutition was difficult and increased the vomiting; the head, throat, breast, arms, legs and thighs were greatly swollen. The left side was larger than the right.

The attending physician having ceased his visits for years prior to the recovery, Dr. Champignon was called in. She was under his charge about three months, during which period he gave them no hope. He directed cataplasms to the heart and loins; but as the disease had been of so many years standing he pronounced her incurable. The use of leeches he suspended and her vomiting then became more frequent. Hot baths were substituted, which proved useless. During the last few years the extreme rites of the church were administered.

She had frequent attacks of syncope, and lay for three or four hours at a time in the arms of her mother, apparently dead.

Growing worse, and remedies proving useless, on the 18th May last she commenced a new one, by imploring, through the intercession of the venerable father, John Battista de la Salle, the Almighty to restore her to health, and in which the brethren of that school joined.

Meanwhile the disease continued; she passed the day in great and universal bodily pain, and at night was unable to sleep.

Suddenly the venerable father seemed present, saying, "Thou art healed." Every bad feeling ceased, and the next morning she arose from her bed and eat with a good and healthy appetite.

She continued thus for the following days, when, on the 26th, the day of Pentecost, her mother having bought her new clothes, as the old ones had been given to the poor, thinking she would have no further occasion for them, she went without any assistance to mass, and returned alone, feeling no inconvenience therefrom.

Many persons who were in the church were persuaded of the extraordinary cure, surrounded and followed her; and others of the crowd came to learn the particulars. All praised God, and, weeping with joy, exclaimed, "A miracle."

The physician visited her and perceived no remains of the same or of any other disease, and which, according to the principles of medicine and the use of a thousand experiments, must be considered incurable.

Since then she has continued to enjoy, and does still enjoy, excellent health, and has not suffered either from a return of that or from any other malady.

All who have had any knowledge of this consider it a miraculous cure, and to this there is not one dissenting voice.

Translated from the "*Notizie del Giorno*," published at Rome, April 30th, 1845.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Baltimore College of Dental Surgery.—It is stated in the American Journal and Library of Dental Science, (Dec., 1845,) that the faculty of the Baltimore College of Dental Surgery have made arrangements by which practical instruction may be given upon the living subject, and the students may have opportunities of performing dental operations under the eye of the Professor of practical dentistry.

Museum of the Baltimore College of Dental Surgery.—A very valuable contribution was made to the museum of this institution, a few weeks since, by Dr. John Harris, consisting of between twelve and fifteen thousand morbid dental specimens. Similar contributions would be thankfully received by the faculty from other members of the profession.—*The American Journal and Library of Dental Science*, Dec., 1845.

Castleton Medical College.—At the commencement on Wednesday, 26th Nov., the degree of M. D. was conferred on 36 of the class. The number of students was 140.

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Berkshire Medical Institution.—The last term the class numbered 142. At the commencement, on the 12th Nov., the degree of M. D. was conferred on 35.

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Obituary Record.—It is with regret that we have to record the death of Dr. Douglas Houghton, State Geologist of Michigan, who was drowned in Lake Superior on the evening of 13th Oct. last.

FOREIGN INTELLIGENCE.

Existence of Air in Living Bodies.—Dr. Hüter, of Marburg, at the meeting of the German Association of Natural Philosophers, in Sept. last, quoted a case, in which, in consequence of narrowness of the pelvis, the Cæsarian operation was proposed. The female, however, refused to submit to it. The pulsations of the heart of the fœtus were affected by a peculiar trembling. The child was afterwards born without the operation, and air was noticed in the umbilical vessels and placenta. In addition to this, the whole vascular system, and the bronchi of the infant, contained air. Professor Tourtual, of Munster, mentioned the case of an individual addicted to excessive beer-drinking, who suddenly died after a venesection for pneumonia, when air was discovered in the heart, vena cava, and brain. According to Kiewisch, this phenomenon is frequently met with in the bodies of drunkards. Counselor Harless said, that hydrogen was discovered in the veins long ago. Professor Rau stated the case of a man fifty years of age, who, after having used the hot water cure for rheumatism, was attacked by symptoms of apoplexy, and was directly bled; the blood was black, and flowed slowly, and a great many air bubbles followed, after which the blood flowed more freely, and the patient soon recovered. Dr. Blumhardt, of Stuttgart, related a similar case: venesection was performed in a case of tetanus, during which, at first blood and then air bubbles issued from the vein. Blood and air were alternately discharged, and ultimately the man died.—*Med. Times*, Oct. 11, 1845.

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Extractive Matters in Urine.—Dr. Scherer, of Würzburg, made some remarks at the same meeting, on the extractive matters of the urine. Having experimented for a year and a half on these matters, the constitution of which was previously little known, the following are the principal facts which he has ascertained:—The greatest portion of the so-called extractive substance is nothing else but a colouring matter, nearly related to the colouring matter of the blood, and bile, and might, therefore, with propriety, be called the colouring matter of the urine; it may be thrown down from the urine by acetate of lead; and by treating the precipitate with alcohol and muriatic acid, it may be obtained in a pure state. In healthy individuals it yields from 62 to 63 per cent. of carbon, and from 6·2 to 6·4 per cent. of hydrogen. Whilst living on *non*-nitrogenized substances, the amount of carbon and hydrogen is augmented, especially if the exercise taken remains the same as usual, and the quantity of oxygen received is not increased. In fevers, especially, if the organic metamorphosis is augmented, unless the activity of the organs of respiration and the liver be at the same time excited, and especially if both these functions are languid, the amount of carbon may reach 66 to 67 per cent., and that of hydrogen 7·2 per cent. This increase in the quantity of the colouring matters abounding in carbon and hydrogen, may easily be demonstrated by boiling the urine in a small glass tube, and adding a little hydrochloric acid to it. Urine, which contains much of these carbonaceous colouring matters, by this treatment becomes of a dark colour, and, on cooling, deposits a brownish, blackish, or frequently an indigo-blue sediment, which easily dissolves in alcohol with a peculiar colour, being nothing else but the colouring matter of the urine. The slightest disturbance in the functions of the liver, or lungs, betrays itself by an alteration in the composition, being observed even at the period when anatomical changes in these organs have not yet occurred.—Scherer deduced from the results obtained by himself several conclusions of importance in a pathological and physiological point of view; from these it appeared that the colouring substance of the urine is formed from the hæmatin of the arterial blood, and that the higher the state of oxidation of the blood was, the less the amount of carbon that was contained in the urine; that, if the activity of the lungs and liver is declining, the kidneys partially perform their functions; the more extensively oxidation is augmented, the less intensely it acts; that the formation of the compound colouring matter of the urine is analogous to the formation of uric

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acid and urea; that carbon and hydrogen do not increase in an equal ratio; and that, finally, a long-continued secretion of urine, rich in this colouring matter, mostly induces anæmia and considerable emaciation. Scherer exhibited specimens of the colouring matter extracted in his experiments upon urine.—*Med. Times*, Oct. 11, 1845.

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Subcutaneous Puncture.—M. BLANDIN often employs the subcutaneous method of M. Guérin, in opening scrofulous abscesses and abscesses from congestion—a process which consists, as is already known, in making a puncture at the base of a fold of the skin, at some distance from the abscess, with a flattened trocar, and in withdrawing the pus by means of a *séringue à aspiration*, adapted to the canula of the trocar. The following is the last case which occurred in M. Blandin's practice:—The disease was an encysted scrofulous abscess in the armpit. The abscess was entirely emptied, and the usual dressing for subcutaneous wounds was afterwards applied. The next and the following days affairs went on as they usually do in such a case—that is to say, without the occurrence of any annoying symptom; the little wound made by the puncture immediately re-united; the tumour had disappeared, and the patient did not complain of the slightest pain. After the lapse of a fortnight the abscess re-appeared, but was of less size than before the operation. It was evacuated again in the same manner, and with the same results. Some time afterwards the abscess recurred, and was punctured for the third time, with an equal immunity from annoying symptoms, but was followed this time with complete efficacy—that is to say, that, after the third evacuation, the tumour totally disappeared, the cyst collapsed, and was not reproduced. In order to favour its resolution, mercurial frictions were practised after each operation. M. Blandin considers this plan of exceeding utility in those cases in which it is capable of application; and also that it is applicable in all cases of scrofulous abscesses.—*Med. Times*, Oct., 1845, from *Bouchardat's Annuaire* for 1845.

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Extraction of Calculi from the Urinary Bladder.—Dr. CORNAY, of Rochefort, brings forward, for the extraction of small calculi, and of foreign bodies of small dimensions introduced into the bladder, a new plan, founded upon the facility of progression of solid substances under the influence of aspiration. The instrument he employs consists in a catheter to which can be adapted a receiver and a syringe. An injection is made first into the bladder, and, by the aspiration of the piston the foreign body is carried into the receiver with the injected liquid. The instrument has been used, after many experiments on the dead subject, in several cases of gravel with decided advantage, in patients of Dr. Robert and Dr. Langier, surgeons of the Hôpital Beaujon. *Med. Times*, Nov. 29, 1845.

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Spontaneous Cure of external Aneurism.—Dr. MONTROL, in a paper presented to the French Academy of Medicine, relates three cases of external aneurism spontaneously cured. Prof. VELPEAU, who reported to the Academy on the subject of Dr. M's communication, directed the attention of the members more particularly to the following case, as presenting more interest than the other two.

CASE.—*Aneurism of the Coronary Artery of the Lower Lip.*—A pregnant woman, aged 23, presented a tumour of the size of a hazelnut at the right side of the lower lip. The disease had lasted for some time, when it ulcerated by the pressure of the teeth; hemorrhage was the immediate consequence, and was suppressed by compression of the coronary artery. The tumour which had, up to the period of ulceration, been the seat of pulsations isochronous with the pulse, ceased to beat; and its further progress was completely arrested, spontaneous cicatrization having taken place. The reporter observed that this case, as well as the two others, proved a fact which had already, from experience, received abundant demonstration, viz., that aneurism is occasionally susceptible of spontaneous cure, but could not be considered as an argument against the prudent practice of tying the diseased vessel.—*Ibid.*

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Paralysis of the Serratus Magnus.—C., aged 18, a rope-maker, entered the Hôpital St. Louis, under M. JOBERT, 27th April, complaining of loss of power of the superior extremities. In the month of November, 1844, in consequence of excessive muscular exertion in the performance of the duties of his trade, the patient found the movements of the right arm very much impaired; the weakness soon extended to the left arm, and

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at the same time the shoulders became deformed by the abnormal protrusion of the scapular regions; for four months before admission C. was not able to return to his business. On examination the scapulæ were found to be, as it were, raised from the thorax, and their inferior angles nearer to the spinous processes of the dorsal vertebræ than in the healthy subject. The voluntary movements of the arms were very much impaired; but pressure of the scapulæ against the walls of the chest, by the hands of an assistant, restored them almost completely, as in the case we have already referred to. Sensation was perfectly preserved in both arms. Stimulating frictions, blisters, the actual cautery, eight moxas applied along the spinal edge of the scapulæ, and electro-puncture, have been successively employed without producing any improvement whatever in the condition of the patient.—*Ib.*

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Alkaline Preparations in Diseases of the Skin.—The exhibition of alkaline preparations internally in skin diseases is indicated in every form of eruption complicated by an acid condition of the gastric secretions; for the purpose of re-establishing the functions of the stomach, M. Devergie recommends, therefore, the administration of the bicarbonate of soda in a bitter solution, an effervescent draught, or in combination with sugar. M. D. begins with twenty grains a-day, and increases the dose gradually to one drachm, a quantity which he does not exceed. M. D. praises highly the external use of the carbonate of soda and potash; in papular and squamous affections he recommends baths, containing a half pound of the alkali, a half pound of gelatine, and one pound of common salt. The alkaline carbonate may be replaced by common soap, but the quantity of the latter must be three times more considerable than that of the former. The temperature of the bath should be low, a high degree of heat rendering the alkaline bath too stimulating to the cutaneous surface. For the treatment of psoriasis, Dr. D. advises the following ointment, which he has found beneficial:—℞. Axungiæ ℥j; Sodæ carbonat, gr. x to xx, and in lichen a similar one, containing twice the quantity of alkali. In eruptions of the scalp the dose may be considerably increased. The local application of alkaline substances calms very remarkably the sensation of itching, and relieves the tension of the skin; it should be continued for some time after cure has been effected.—*Ib.*

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Clinical Researches on the exhibition of Kermes Mineral in Pulmonary Affections.—Dr. Herpin has not found kermes so efficient in diseases of the pulmonary structure as it is stated to be; but in affections of the superior air-passages he has derived from it the greatest benefit. He goes so far as to consider kermes mineral as a specific against disorders of the superior respiratory tubes. In true croup Dr. H. has employed it as the "only" means of treatment, and obtained the most satisfactory results from its administration. In idiopathic and chronic laryngitis, kermes has again proved most serviceable. Dr. H. has also used the medicine with benefit in some cases of deafness, caused by chronic obstruction of the Eustachian tube; the dose at which the drug has been exhibited in these several cases, varied between one and twelve grains in the twenty-four hours; on the average from three to six grains daily. When three grains are taken in one dose, sickness is generally the immediate result. The drug must be given in extremely small doses to avoid nausea, and to obtain merely alterative effects; the hour after meals is the most favourable to its exhibition.—*Ibid.*

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Obituary Record.—Died at Brighton, on the 28th Oct. last, after a short illness resulting from an attack of gout, Sir Matthew Tierney, in the 69th year of his age.

The death of Christian Fenger, Director of the Royal Academy of Surgery in Copenhagen, chief surgeon to the King of Denmark, and the author of numerous professional works, is announced in the late foreign journals.

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To Readers and Correspondents.—It is expected that the Lectures of Sir Benjamin Brodie will be completed in two more numbers of The News.

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New Works.—Lea and Blanchard have nearly ready, Mütter and Liston's Lectures on the Operations of Surgery, in one octavo volume, with numerous cuts. They have also just issued the fifth part of Chelius' Surgery; and Budd on Diseases of the Liver, with numerous cuts and coloured plates.

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THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Clinical Lecture on Delirium Tremens. Delivered at University College Hospital. By Dr. C. J. B. Williams, F. R. S. (Continued from p. 4.)

If you consider that all these elements are concerned, are really part and parcel of the operation of alcoholic liquors, you cannot wonder at the clinical varieties presented in the different forms of the drunkard's disease. I think this will be enough to show that no one rule can be absolute with regard to the treatment. But it is enough to show more than this, and I should not have taken up your time with what may appear over refinement, if there were no practical rules arising out of this analysis. In fact, in different circumstances alcoholic stimulants produce these various effects in different degrees. These different results are exaggerated by the indulgence being habitual. The effects accumulate, and if the nervous system is excessively excited, the vascular system becomes excessively exhausted, and the secreting function considerably impaired. If that takes place at each debauch, a succession of them will increase all these effects, and produce as the result the most aggravated form of delirium tremens. On the other hand, in the young and healthier novice in excesses, the vascular system may become more excited than the nervous system, and inflammation of the brain, or something bordering on it, may result, with different tendencies, and requiring different treatment. Again, in both these classes of cases, their severity and intractability will much depend on the extent to which the secernent and nutrient functions are impaired, and attention to these must be duly included in the treatment. Thus many and important varieties, which defy our definitions when we attempt to reduce them to nosological arrangement, become intelligible and tractable when we analyze the elements of the disease, and consider the mode in which it has been produced.

Let us take the cases in illustration, some of which I will quote from memory. One occurred some time ago in D. W., aged 51, admitted on the 25th of February, and dis-

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent Gratuitously *to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for February.*

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charged cured on the 15th of March. It was the case of an old drunkard, who carried his vocation in his face,—the face that Shakspeare has so well described; I am not going to quote him, but I shall define it more technically by saying that he had a face red with acne rosacea and tuberculata; blear eyes; the heavy stupid look of a sot; general tremor of the body; great weakness and exhaustion; lowness of sprits, with disturbed sleep, and horrible dreams. His was not a case where the nervous cerebral or vascular excitement was high; the former existed, but in low degree: the latter had passed into a state of exhaustion. The secreting functions were deficient, particularly that of the liver, and required extra treatment besides that ordinarily employed for delirium tremens, and which I shall mention by and by. The nutritive function was particularly defective; he had taken scarcely any food, and the weakness of the vascular function might be partly attributable to that. Holding that in view, as well as the indication to give more tranquil sleep, I sought for him a composing medicine which should not impair his appetite; and instead of giving him opium in the day time, I exhibited the extract of Indian hemp, the peculiar operation of which is, that it acts as a soporific without impairing, but rather increasing, the appetite. It is a valuable medicine for this purpose, and was the chief remedy under which he recovered. He had two or three doses of opium, but they were confined to the night, so that they should not interfere with the digestive functions during the day. He soon lost the tremor and nervous symptoms, and would have been discharged sooner, but he was kept in on account of the great tenderness and enlargement of the liver, which required the exhibition of mercury and other medicines to increase its secretions for some time afterwards.

The second case is that of Joseph Mayhew, on which I have already commented, and shall not dwell. It was delirium tremens combined with albuminuria. In a former lecture I expressed my conviction that the extreme exhaustion he exhibited was the result not only of the alcoholic stimulant, but of a poisoning of the blood from the diseased condition of the kidneys. The latter affection I had no hesitation in ascribing to the previous operation of alcoholic stimulants, combined probably with cold, but the effect of the two together was such as to reduce him to an extreme state, and he died shortly after his admission.

The next is the case of J. D., admitted May 17th, aged 30. He is a surgeon. It appears that he was a confirmed drunkard, although young. "Eyes injected and weak; countenance of an unhealthy livid red colour. His history from the time he entered Trinity College, Dublin, to the present, reveals a course of life of the most debauched and dissipated character. He lived hard when a student, drinking indiscriminately alcoholic and malt liquors. Having taken his degree at Dublin"—(a degree in the art of drinking, one would suppose)—"he went abroad, first to India, then to China, where he remained for about three years. During this time he lived the same kind of life; his drink was chiefly brandy, but he also contracted the habit of taking laudanum and smoking opium to some extent. He suffered from gonorrhœa and syphilis at various times, and from the secondary symptoms of the latter disease. He returned about three years since, and has been residing in London up to the present time, following no employment, and leading the same sort of life as when abroad. While in London his drink has been principally gin. He has never had an attack of delirium tremens until the present, but during the last fortnight he has been more than usually nervous, and his hands have been more unsteady. This he attributes in a good measure to anxiety produced by family circumstances, and also to the interference of a third person with a female with whom he had been living. His nights have been restless, and his sleep disturbed by frightful dreams. On Saturday morning last he was unusually anxious and nervous, and resorted to his usual remedy—gin. He continued during the day drinking, and towards the evening, when nearly intoxicated, he took five or six glasses of gin rapidly in succession." That was the finishing stroke—the dose that at once threw him into disease, overwhelming him by its poisonous influence. "Feeling unwell he went into the air, and soon began to experience a wildness, swimming in the head, and becoming unconscious, he was brought to the hospital. When admitted he was quite delirious; countenance expresses great excitement and alarm; head feels hot; pulse rapid and small; skin bedewed with perspiration; tongue furred and moist. He has stricture of the urethra, and the house-sur-

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geon used a catheter, and drew off a good quantity of urine somewhat tinged with blood, and containing some albumen." This was most likely connected with the stricture.

This was a case of delirium tremens accompanied by more than usual excitement from excess; I do not know what to call it; his constant habit was that of continued excess—this was extra excess. He was given morphia twice before I saw him, which was on the 18th, when the report is:—"He has passed a bad night, being quite delirious; the other patients describe him as having been furious. No mechanical restraint was used. He is less excited this morning, but still talks incoherently; bowels not much opened, tongue furred, pulse weak, and rapid."

This, however, was not a state of exhaustion; his delirium was still of an excited phrenitic kind, not amounting to inflammation, but one of considerable excitement, and that probably from the remaining effect of the alcoholic stimulant in which he had indulged the day before. He was then given large doses of laudanum, and a saline draught was added, with a view to increase the secretion of the kidneys, hoping thereby to get rid of the poison. He was also given the Haustus Sennæ to fulfil the same object, the bowels not having been freely opened.

The report on the next day is:—"He feels better, but his memory still fails him; skin moist; pulse 72, weak:"—reduced in frequency. "The past night was troubled with frightful dreams; complains of headache; urine abundant, but bloody:"—that was from the stricture. "Bowels freely opened. To have ordinary diet." Then, with a view to act on the secretions, now that sleep had been procured, he was given calomel with conium. The result was:—"He sleeps better; dreams less troublesome; feels very weak; pulse 70, small." After this he was put on a light tonic and improved diet, and his convalescence took place rapidly. He was sent to the surgeon afterwards, to be treated for the stricture, and has been free from delirium since.

The next case is that of G. H., aged 26, admitted May 28th, a veterinary surgeon, of tall stature, and stout conformation; sanguine temperament, and his health very good formerly, although now his countenance is rather bloated. Has lived in Ireland with his friends, and led a steady sober life, till about six years ago, when he contracted wild habits, and kept bad company, frequently riding steeple-chases, and being often drunk with whisky. Three years since he came to pursue his studies at the Veterinary College, London: he continued to lead the same kind of life. This is not the life of a student; I hope you will draw a moral lesson from this description: it will serve to teach not only a lesson in physic. "He says it is not unusual for him to be in a state of intoxication for three or four days successively, and then intermitting for a time. His drink has been malt liquors and gin,—principally the latter; and he has scarcely taken any food." Here is the usual concomitant of intemperance—starvation; and that matter has not been sufficiently considered. It is one of the prominent features of the system of gin-drinking; the mischief results not only from alcoholic drink, but from privation of food. Sometimes amongst the poor wretches in a state of almost destitution it is a kind of excuse with them that they can, as they say, get more comfort from a pennyworth or two pennyworth of gin than from the same worth of bread. But I need not say in what a degraded state must both mind and body be to have such a perversion of tastes and appetite. "He has lately had several attacks of confusion of intellect and trembling of the hands, which have usually come on after a debauch, and which he easily dispelled by having recourse to the usual stimulant. Three months ago he was taken in one of these attacks to the Middlesex Hospital in a state bordering on paralysis, his mouth being drawn on one side." Here is an illustration of another effect of intoxicating liquors. This is not delirium tremens; it has nothing to do with it; but intoxicating liquors disturb the circulation in the head, at one time producing a state bordering on inflammation; at another time congestion, and consequent paralysis. How was he treated then? "He recovered after being cupped behind the ears." There was congestion that required that treatment, although this was induced by the same influence that afterwards caused delirium tremens. He commenced drinking again on Monday last, and he has continued in a half intoxicated state ever since, taking little or no food, and getting scarcely any sleep. The day before admission his stomach became irritable, and he vomited whatever he took. His hands became unsteady, but he resorted to his usual remedy. His nerves had become worse to-day (May

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28th), and towards the afternoon he had what he calls a queer sensation, and confusion of intellect, and was admitted into the hospital in a state of inebriation, with a quick small pulse; considerable heat of head; confusion of ideas; skin moist; tongue covered with a thick brown coat; appetite bad; bowels not relaxed; not much tremor of the hands. 29th. Passed a very restless night, starting up with frightful dreams the moment he fell asleep: feels a wandering at times in the head, but he answers questions quite readily and rationally; pulse 118, and weak; feels very languid; tongue the same; skin hot and moist; great thirst; urine slightly albuminous." There was no stricture here. The albumen was one indication of failure of the secreting functions, and it is by no means an uncommon one. If the kidneys be overtaxed by continued excess, the excitement leaves congestion, and you know that I entertain the notion that congestion of the kidneys is the common cause of albuminuria. In this case it soon passed off as the kidneys recovered. "The urine is natural in colour; forty-eight ounces passed in the night; deposits shreds of tenacious fibrinous matter"—that is a result of the same congestion—"specific gravity 1014"—that is low under these circumstances—"bowels confined."

This was a case of delirium tremens with a good deal of excitement of a vehement kind, obviously requiring a combination of treatment; not only opium, but other remedies also, to augment the secretions. There did not appear to be exhaustion enough at that time to require stimulants; but afterwards, when the nervous symptoms became more intense, and the pulse became weaker, I considered that a stimulant was needed, and he was given æther with the opium. The treatment first adopted was calomel and opium, and afterwards opium and camphor. The Haustus Sennæ was likewise given, and repeated several times. I have not time to read all the reports; but for two or three days he was somewhat better; then he became very much worse again. There was an increase of the delirium, not accompanied by tremor, but more of the character of maniacal excitement; the pulse, however, was very weak. I thought to fulfil two objects at the same time, by giving at night a draught of æther and laudanum, and continuing a mixture through the day containing small doses of tartar emetic and liq. opii sedativus with nitre; this, however, did not appear to answer; and opium was again given in a very considerable quantity. But his frenzy continued to increase, and in fact bordered on inflammatory excitement. On the first of June it is stated "that he had been in a state of furious delirium the whole night, starting, shouting continually, and at one time he became livid in the face. This, however, soon passed off. This morning his countenance is very wild and flushed; pupils contracted, tongue and mouth dry." That is not the character of delirium tremens. "Head very hot; pulse rapid and small; the bowels were not sufficiently open."

In this state I had very considerable doubt whether he ought not to be bled; but his pulse was still weak, and I thought it very likely that by a further increase of the secretions, by aid of calomel and antimony, and by the application of cold to the head, this attack might be subdued. He was given accordingly six grains of calomel, one grain of opium, and half a grain of tartarized antimony. It was to be repeated in six hours, and cold to be applied to the head. The result was, that "he had several hours' sleep during the night, and this morning he is quite conscious and rational; face still flushed; pupils less contracted. The urine was still scanty in quantity, but of high specific gravity." He was given croton oil, and ordered to keep up the cold application to the head. On the 3d the report is that he had slept well during the night; that he was much better; and now the urine was more abundant and paler, the specific gravity 1028. The subsequent reports show that he rapidly got better.

Here the delirium was in a great degree removed by opium and purgatives; but on the secretions becoming defective, it recurred again in spite of opium, and of opium combined with æther; but by repeated purgatives and diuretics, and using cold to the head, it was again carried off, and it did not return again when once the urine was rendered quite free.

I have not time to read the case of James Upton, a patient who is still in the house; but I refer you to his case in the book as another illustration of the phases the disease presents. He was better after the first few days' treatment, but he went back, and at last became furiously delirious. The violence that took place was obviously con-

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nected with such a determination of blood to the head, that it warranted blood-letting. Although the opium reduced the delirium at first, it did not subsequently. I ordered the head to be shaved, and a blister applied to the nucha; and he became immediately much better; but he is still somewhat incoherent, showing that the functions of the brain are not entirely restored. I think it probable that a state bordering on inflammatory action has been produced, and which may leave the mind in a disordered state for some time.

[This patient afterwards improved, and having been free from illusions for several days, was discharged June 28th. A fortnight after, he became insane, and was taken to an asylum]—*Lond. Med. Gaz.*, Oct. 10, 1845.

MEDICAL EDUCATION AND INSTITUTIONS.

Medical Congress at Paris.—A Congress of the medical profession, of France, assembled in Paris in November last. About 1200 representatives were present. M. Serres was elected president. The deliberations of this body were of a very important character, and calculated to exercise the most salutary influence in elevating the character and in increasing the usefulness and power of the profession. The assemblage was treated with the greatest respect and consideration by the public authorities, the press, and the public.

The report of the secretary briefly embodying the labours of the congress, was read at the final meeting of that body, on the 14th November, in the presence of M. de Salvandy, the Minister of Public Instruction, who had been requested to attend the final meeting. After the reading of the report, M. de Salvandy rose and made a most eloquent and emphatic speech, which is of importance, from its showing the position which the medical profession occupies in the estimation of the public authorities in France. We shall, therefore, extract a few of the most important passages.

"Gentlemen—I came to hear and receive the wishes of the congress; its assembling is a new and an important event, because it has fully succeeded, and because it has produced results useful to society and honourable to the medical body. It is in order to witness these results, that I have come amongst you. My presence may be considered a homage rendered to our institutions. A body as numerous as that here assembled, which extends its action over every part of our territory, and which is intimately connected with all the interests of society, cannot meet to deliberate on its interests and its dignity, without the minister to whom they are confided by government feeling it his duty also to come forward. A government like ours rests on all the social interests; it is its duty to listen to them, to assist them, and to accede, as far as possible, to their wishes. It is an honour to our age, that an assembly such as the present should be able thus to meet, to deliberate, and to produce results marked with so much wisdom.

"Gentlemen, the congress has already produced real results, a fact which I am happy to recognize. In your first deliberations, I remarked a solicitude respecting your professional dignity, both honourable and generous, but which appears to me to be in contradiction with the actual state of society. I have heard parallels made by some of you, which history does not sanction. Compare the social position of the medical body at the birth of Louis XIV, when Gui Patin flourished, and Descartes shone in all his glory, with that which it now occupies. You ought not to question, gentlemen, the social dignity of a profession which gives so many guarantees to the state as yours. You alone, previous to appearing before society, previous to affording it that assistance which is the fruit of your arduous labours, have to obtain the sanction of three different faculties, that of arts, that of sciences, and, finally, that of medicine. All the other professions and ranks of society are satisfied with less. It is indeed an error to doubt the high rank which the medical profession occupies in the French social fabric of 1830. This rank you have acquired by the services which you render every day; and I may add, with sincerity, that it will be still further merited for the future, by your conduct on the present important occasion. You have deliberated with maturity, and, at the same time, with promptitude. In a short time you have arrived at decided resolutions, and have had the wisdom, rare in numerous assemblies, to keep within the limits which you had traced for yourselves, and to present resolutions which, although they often admit of discussion, all deserve to be weighed, and

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have acquired additional importance from your approval.

"Another result obtained is, that—perhaps without being conscious of the fact—you have shown by your resolutions that, although many ameliorations are desirable, there are, in the present state of things, numerous guarantees. You have approved the general system of instruction as it now exists, and have merely wished to extend and to strengthen it. The period of '89 has been recalled by one of you. There is a great difference between this assembly and those which then met. Our fathers met to destroy, whereas your votes have tended to strengthen and to consolidate existing institutions.

"Among the wishes which you have expressed, there is not one that I have not seen adopted with personal and public satisfaction. I may call them old acquaintances, for they have all been agitated and discussed before a committee of the university, over whom I shall always esteem it an honour to have presided. Some of them I have the power at once to accede to; as, for instance, the establishment of additional professorships in the faculties, and the proposed increase in the salaries of the assistant professors; and that I shall do. Others must have the sanction of the government of the king, and those I can only introduce into the council of the crown. I shall, however, subsequently, use my influence to induce the three legislative powers of the State to adopt them as the expression of the interests of the medical body, and of society in general.

"You are about to return, gentlemen, to the departments which so many of you left for the purpose of discussing your common interests. Say to those who have delegated you, that the government of the king watches over the interest of every class of society, that it studies their wants, and does all it can to satisfy them. You have not expressed a wish which has not been heard, and which will not be accepted and accomplished, unless opposed to interests of the same nature, and still more important.

"Gentlemen, let me avail myself of this opportunity to inform you that *one* of your wishes has already been satisfied. The National Gallery of Versailles,* which is dedicated to 'all the glories of France,' would be incomplete, were it not to contain the medical celebrities. At this very time the brush of the painter and the chisel of the sculptor are at work, engaged in reproducing the figures of your great men, a list of whom I myself presented to the illustrious monarch who watches with solicitude over the welfare of the country. You will thus not only find in our National Gallery the portraits of the warriors who have defended or aggrandized France; but you will also find represented the features of your ancestors, of those who have honoured France by their science, who have been your predecessors, who are your models, and who find among you so many imitators." (Continued applause.)

The thanks of the meeting having been moved to the Minister of Public Instruction, and to the office-bearers of the Congress, the former again rose and said,—

"I perceive, gentlemen, that I have remained amongst you a few minutes too long. Among the names of all those to whom you have voted your thanks, there is only one which I can propose you to erase, and that is the name of the MINISTER OF PUBLIC INSTRUCTION. He has no right to your thanks, *for he has only done his duty.*"

* An extensive collection of paintings, brought together with a view to the illustration of the history of France, which occupies nearly the entire extent of the immense palace of Versailles.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

On the Cortex Radix Gassypium Herbaceum or Bark of the Root of the common Cotton Plant as a Parturient. By THOMPSON McGOWN, M. D., of Hillsboro', Miss.—Notwithstanding the favourable manner in which this article was spoken of by Dr. Bouchelle, of Mississippi, in 1840, as an emmenagogue and parturient, it appears (so far as I am informed) that but few physicians have taken any interest in investigating its medicinal properties. Dr. Watkins, of Garlandsville, Miss., an intelligent gentleman, of extensive practice, informed me that he had used it in five or six cases, in which a *Parturient* was indicated with prompt and satisfactory results. I have used it in one case of deficient uterine action, (a young lady in her first labour,) where I had a call a few months ago, eight or ten miles in the country, and had no ergot with me, and it appeared *very evidently* to display its parturient powers, as the labour soon terminated favourably. I am aware of the difficulties we labour under

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in endeavouring to ascertain the powers of reputed parturients, for we may presume that in cases in which they have been given, and in which labour terminated favourably, that uterine contractions might have soon come on without their use. With respect to my own opinion, I have much confidence in them, and think they deserve the confidence of the medical profession. A respectable physician, Dr. Fare, remarked in a conversation I had with him a few days ago, that he had as much confidence in ergot as he had in submurias hydrargyri.

In view of the statements above, in favour of the parturient power of the bark of the root of the common cotton plant, perhaps, physicians in extensive practice, who have frequent opportunities of trying it, would do well to investigate its properties, as it can be more easily procured, and would be much cheaper than ergot, especially in the southern and western States.

To assist labour, it is given in decoction, made by boiling ℥iv of the bark of the root, washed clean, in a quart of water to a pint, and given in doses of from two to three fluid-ounces every twenty or thirty minutes.

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Ligature of both Carotid Arteries.—This operation has, we learn, been performed by Dr. J. Mason Warren, of Boston, on a young man, about 22 years of age, affected with congenital nævus on the breast, neck and face. The left carotid was first tied, and five weeks after a ligature was applied to the right. The patient did well.

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Medical Statistics.—It is stated in a late No. of our esteemed cotemporary, the Buffalo Medical Journal, that there are 78 physicians in Buffalo with a population of near 30,000.

St. Louis, (*St. Louis Med. and Surg Journ.*,) with a population of over 40,000, numbers 140 practitioners of medicine, including, as is also the case in Buffalo, homœopaths, botanics and quacks, and empirics of every shade and variety.

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Geneva College.—The catalogue of this Institution shows the number of medical students the present session to be 178.

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Medical College at Memphis.—The Legislature of Tennessee has granted a charter to a Medical College, to be located at Memphis.

FOREIGN INTELLIGENCE.

Vaccination and Revaccination. — Mr. Gill read a paper before the Medical Society of King's College, London, Dec. 4th last,—wherein he remarked that from the writings of very ancient authors, as Homer, Virgil, Ovid, and Moses, it is evident that an eruptive disorder, common to man and brutes, has existed in all ages whereof we have any record, and from the wording of many of the passages from those authors, which he quoted, he considered that this disease was the smallpox. The plague of "boils and blains" among the Egyptians, mentioned in the book of Exodus, was, he believed, smallpox. He showed that, although inoculation gave safety to individuals, it was very disastrous in its consequences to a community, as continually disseminating the disease amongst those who had not been, and could not be induced to be, inoculated—vaccination provided equal safety to individuals without danger to the community—for he showed by statistics that as great a number had smallpox again after inoculation as had it after vaccination. His very extensive experience, however, had proved to him that a considerable number of persons might be revaccinated with perfect success as to the production of the disease; considering that these persons were liable to smallpox, he strongly recommended the practice of revaccination. In the course of his paper, he spoke of the grease in horses as identical with smallpox and cowpox.

Mr. F. J. Sanford said, that the result of personal observation, made with considerable care, enabled him to corroborate the testimony of Mr. Gill in favour of revaccination. Of ninety cases of revaccination by himself, of which he had preserved a record, the high proportion of one-sixth (fifteen) were perfectly successful. In one of these successful cases the patient had previously had smallpox "naturally;" in another instance the patient had caught the cowpox from a cow in milking. Two of the persons in whom revaccination was successful, had previously been intentionally exposed to the contagion of smallpox, soon after they had been first vaccinated without taking it. These facts had led him to the conclusion that revaccination should be resorted to at intervals of a few years.

Mr. Reid remarked that there was a notion prevalent, that the efficacy of the vaccine virus now in use, which had been propa-

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gated in mankind from Jenner's original stock, was impaired; but it is found that the proportion of persons who have smallpox after vaccination, is the same now as it was in the days of Jenner. He thought that revaccination should be performed after the attainment of the adult condition, for it is very probable that maturation is what obliterates the prophylactic efficacy of vaccination.

Mr. Wilson had seen smallpox and cowpox co-existing in the same individual. He had seen cases in which very alarming results had followed revaccination.

The author answered, that in fifteen hundred cases he had never seen bad effects.

Mr. Arlidge observed, that Dr. Gregory had denied the possibility of communicating smallpox to the lower animals. He doubted the identity of smallpox, cowpox, and grease in horses.

Mr. Bowman, vice-president, said that a deceased friend of his had collected eight thousand cases, not with any intention of publishing the results, and had found by these cases that it was as usual for a person to have smallpox a second time as to have it after vaccination.

Mr. Johnson remarked that we never see a mild form of smallpox at all resembling cowpox, nor a severe cowpox resembling smallpox; he therefore accepted with reserve the opinion that they were merely different in degree, not in species.—*Med. Times*, Dec. 27th, 1845.

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Effects of Obliteration of the Carotids on the Cerebral Circulation.—Dr. Norman Chevers, in an elaborate paper thus entitled, reviews a large number of the recorded cases of ligature of the carotid arteries, and from their details draws the following deductions:—That by far the larger proportion of those in whom the primitive carotid artery, on one side, is obliterated, recover; but that a considerable number of the individuals, so circumstanced, become hemiplegic, and perish from disease of that hemisphere of the brain which corresponds to the obstructed artery. The conclusion that obliteration of one carotid artery is never liable to be followed by impairment of the cerebral functions, must therefore be discarded. That the larger proportion of deaths after ligature of the carotid, occur from affections of the respiratory organs. That nearly the whole of the patients upon whom the operation of tying the common carotid artery is performed, suffer, more or less, from symptoms of irritation of the respiratory organs, arising either from compression of the trachea and nerves of the neck, (this has frequently occurred from alteration in the condition of the sac, in cases of carotid aneurism, where the artery has been tied either above or below the enlargement,) from irritation of the pneumogastric nerve, or from cerebral disease. That in the majority of those who die with brain symptoms, consecutive upon obliteration of the carotid, it is evident that the cerebral lesions discovered post-mortem depend upon the arterial obstruction, and that there are no grounds for assuming that the fatal result is occasioned either (1) by an obstructed state of the internal jugular vein, or (2) by inflammation conveyed backwards along the pneumogastric nerve to the brain, for the following reasons:—(1.) The form of disease, found in the brain after death, in several (four) of the cases related by Dr. C., was of a kind which is generally considered to depend upon local anæmia, not upon congestion. In some of these instances, signs of deficient supply of blood in the side of the brain to which the obstructed artery passed, were strikingly apparent. The parts of the cerebral substance which were principally involved in the disease were those supplied by the chief branches of the obstructed vessel. Obliteration of the internal jugular vein was not observed. (2.) There were not remarked any morbid appearances to indicate that inflammation had been conveyed backwards along the nerve to the brain. The part from which the par vagum arises is not shown to have been involved in the disease. That cerebral disease may be established in these cases quite independently of implication of either the vein or the nerve, is further proved by the facts that the paralysis has been known to occur almost immediately after the artery has become obstructed, before inflammation could possibly be established in the surrounding parts: and that organic lesions of the brain present themselves in cases where the vessel has become gradually obliterated by processes which are confined to its interior, and do not at all involve adjacent structures. That, although persons in whom the carotid is tied may suffer from slight cerebral symptoms, and yet perfectly recover, those who become completely hemiplegic have barely a chance of surviving.—Dr. Chevers concludes by

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remarking that the facts adduced in this paper, it is submitted, prove that the danger of cerebral disorganization should have its weight in the consideration of cases where it is proposed to secure the common carotid artery; not, indeed, as rendering at all doubtful the propriety of the operation in the majority of the cases in which it is at present had recourse to, but as strongly discountenancing it in nearly all instances where the disease for which it is employed does not positively threaten the patient's existence, and in every case where other means of treatment can be employed. It is probable that, in some of the cases where it is thought necessary to secure the primitive carotid artery previously to removing tumours of the neck and head, it would be far better that the surgeon should make up his mind to contend with an active hemorrhage, than that he should submit his patient to the chance of fatal hemiplegia, even although he believed that chance to be a remote one. These facts may also suggest to the surgeon the propriety of warning the patient's friends (before proceeding to tie one of these arteries) of the possibility that the operation may be followed by palsy of a dangerous character.—*Ibid*, Jan. 3, 1846.

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New Form of Degenerescence of the Nervous System. By Prof. SERRES.—Some twelve years ago, Professor Serres presented to the Institute one of the most remarkable forms of alteration which can affect the nervous system in the human subject. The change consisted in a ganglionic transformation of almost all the nervous branches of organic and animal life. This new and quite unexpected morbid formation, observed in two cases, attracted, at the time, considerable attention, and the interest of the observation was doubled by the fact that both patients had died from the same disorder—typhoid fever. A similar instance has very recently been observed at Brest, by Professor Maher and M. E. Payen, a surgeon of the navy; it is this new case which M. Serres brings before the Academy. This patient also died of typhoid fever. On post-mortem examination, all the nervous rami of animal and organic life present an immense number of unusual tumefactions of the same structure as nervous ganglions, and in such abundance, that *more than one thousand* were counted on the branches of the sciatic nerve alone. Neither the brain nor the spinal chord participated, in any way, in the alteration, neither did the spinal nerves at their origin; they were perfectly unchanged from their natural condition as far as the intervertebral ganglions, and the cerebral nerves were found also in a healthy state within the skull; but presented a great number of these ganglionic bodies after having abandoned the cephalic cavity. All these circumstances were noticed in the two cases which fell under Professor Serres' observation. The learned professor declined offering any remarks on this extraordinary anatomical change; but merely brought forward the facts, in order to call the attention of pathologists to the investigation of the subject.—*Ibid.*, Dec. 6, 1845.

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Animal Charcoal as an Antidote to Various Poisons.—Dr. A. B. GARROD read a paper before the Medical Society of London, Nov. 17th, 1845, on the use of animal charcoal as an antidote to various poisons, especially those derived from the vegetable and animal kingdoms. He first noticed the experiments which had of late been made on the effects of animal charcoal in removing bitter principles from solutions, and then detailed his own experiments on the subject, which led him to use it as an antidote. The results he arrived at were,

1st. That animal charcoal removed all the active principles from vegetable substances, if added in proper proportions, even in a solution of hydrochloric acid of the strength of the gastric juice, and at a temperature of the stomach, (100° F.)

2d. That the compounds of the animal charcoal with the poisonous principle have no injurious action on the animal body, and, therefore, when animal charcoal is given with the poison, or before it has become absorbed, it will act as an antidote.

3d. That animal charcoal will also form compounds with arsenious acid, and other mineral substances, which combinations are also inert, and that it is quite equal, if not superior, to the hydrated sesquioxide of iron, as an antidote to arsenious acid.

4th. That a certain amount of the antidote is required—for example, half an ounce for one grain of strychnia, or about one scruple of nux vomica; if less is given, the poison can act by its excess above the antidote.

5th. That it is peculiarly adapted to poisonous substances whose activity depends on a small amount of inactive principle, as

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opium, nux vomica, aconite, belladonna, stramonium, hemlock, &c.

6th. That the antidote itself has no injurious action on the system.

Dr. Garrod proposes, that in cases of poisoning we should remove as much of the poison as possible by the use of emetics or the stomach-pump, and then give a large quantity of the animal charcoal, diffused in warm water; if emetics are given with the antidote, sulphate of zinc would be preferable, as the animal charcoal would itself destroy the emetic property of ipecacuanha. He also suggests that perhaps animal charcoal would prevent the action of the poison of rabies, syphilis, poisons of serpents, &c., if applied in the form of a poultice to the part which has come into contact with the poisons. The charcoal Dr. Garrod used was bone black, from which all the earthy matter had been removed by maceration in hydrochloric acid.—*Lancet*, Dec. 13, 1845.

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Lithotrity.—Dr. Cazenave, of Bordeaux, has performed this operation during the last seven years, fifty-two times; forty-three patients have been cured, eight have died, and one experienced no benefit. Dr. C. begs to direct the attention of the Academy to the result of two post-mortem examinations which he had an opportunity of making of two patients who died accidentally after having undergone lithotrity, and also to the dissection of the urinary organs of a person who was not operated upon, all three cases tending to show that the long sojourn of calculi in the bladder, and the operation of lithotrity, frequently cause no structural changes in the walls of that viscus. The first case related by Dr. C. was that of a gentleman, aged sixty-six, of an extremely nervous temperament; it was sometimes extremely difficult to introduce a catheter into the bladder, and at others the instrument was passed with the greatest ease, and in consequence of this circumstance the idea of removing the vesical calculus which existed in the bladder by lithotrity was abandoned, and lithotomy was decided upon. The patient was placed on the table for operation, but before the staff could be passed into the bladder cerebral congestion occurred, and death took place. Several calculi were found in the cavity of the bladder, the *coats of which were perfectly healthy.* The second case referred to a gentleman in whom two or three calculi had been detected by the catheter. The patient was under the influence of severe mental anxiety, and died suddenly a short time after the second operation of lithotrity had been performed. On examining the urinary organs, two large calculi, each of the size of a chestnut, untouched by the instruments, were found in the bladder, and also the remains of a third calculus which had been bruised during the two operations. *The bladder was in a healthy state*, and the cause of death was found to reside in a rupture of the large vessels of the heart. The third case was that of a child, aged two years, who died of acute pneumonia some days after a fourth *seance* of lithotrity. The infant bore a small calculus which was completely crushed. The *bladder was healthy*, and the anatomical alterations of pneumonia were present.

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Whaler's Ointment in Chilblains.—The following is the formula for this ointment, which was purchased by the Würtemberg government:—R.—Seve vaccin; Axung. porci aa ℔j; Nisce cum Ferri oxidate fusci ℥ij; coque in vase ferreo subperpetua agitatione cum pistillo ferreo usque ad colorem nigram post subsidentiam decanta et adde:—Terebinth venet. ℥ij; Boli armen. (antea c. ol. oliv. trit.) ℥j; Misce exactiss. ut f. unguent. The ointment spread on lint, to be applied over the affected spot once or twice daily. Dr. Brefield thinks that it is not necessary to renew the application so often, and that the fat is unnecessary. He proposes simply to mix fine oil of turpentine with a little ethiops mineral, to spread the ointment thus obtained on fine leather or lint, and to cover the chilblains with it, where it may be left unchanged for some days.—*Med. Times*, from *Casper's Wochens.* and *Buckner's Repertorium*, 1845.

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Researches on the Composition of the Blood in the Disorders endemic in Algeria. By Drs. Leonard and Foley.—*Intermittent Fevers.*—In 67 cases of intermittent fever the authors have constantly found that in the incipient stages of the disorder the fibrin of the blood was undiminished, but that its quantity fell under the influence of long duration or relapses of the malady. The red corpuscles, on the contrary, are almost invariably lowered in quantity, and the albumen of the serum, in particular, undergoes a marked diminution. In *dysentery*, the fibrin has been found to increase in abund-

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ance, and an evident decrease of the corpuscles and albumen is noticed. These results agree perfectly with the researches of Professors Andral and Gavarret, who have demonstrated, by a long series of experiments, that in all diseases of an inflammatory nature the amount of the fibrin of the blood is raised above its usual standard (3.1000th.) It may not be uninteresting to add, in this place, some extracts from the valuable paper published in 1844, by Dr. Becquerel and Dr. Rodier, on the composition of the blood in health and disease. The relative proportions of the principal elements of the circulating fluid are, according to their calculations—

	In Men.		In Women.
Water	779·		791·
Fibrine	2·2	for 1000	2·2
Globules	141·		127·
Albumen	69·		70·

In *pregnancy:* Drs. B. and R. have found that the blood presents a slight increase of its fibrine, a notable diminution of its globules and albumen, and a proportionate augmentation of its watery parts. Thus, in nine cases of pregnancy, the following results were obtained from chemical analysis: —Water, 801·; fibrine, 3·5; globules, 111·; Albumen, 66·

	Water.	Fib.	Glob.	Alb.
In typhoid fever,	797·	2·8	127·	64·
In pleurisy,	798·	6·1	120·	65·
In pneumonia,	801·	7·4	122·	61·
In acute rheumatism,	789·	5·8	118·	66·
In chlorosis,	828·	3·4	86·	72.
In phthisis,	794·	4·1	125·	66·
In granular kidney,	—·	2·6	129·	58·

(One case only.)

The authors whose researches we have glanced at, insist particularly on the constant diminution of the quantity of albumen in disease, especially in inflammatory disease, when it accompanies a corresponding increase of the fibrin, and would be due, in their opinion, to a transformation of fibrin into albumen under the influence of phlogistic action.

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Suckling.—It appears, from a report made by a commission to the Scientific Congress at Naples, that the Foundling Hospital of that town receives annually, on the average, 2,500 children. Of this number, 500 are delivered to charitable persons who are willing to undertake their charge; 400 to country nurses, who are paid from seven to eight shillings a month, and the rest are trusted to nurses kept in the establishment. Each of these nurses receives three children. It has been proved that 77 per cent. of the children brought up in the hospital die, in the opinion of the commission, from deficiency of milk, one nurse not being able to suckle three infants. Artificial lactation has given still more frightful results.—*Ibid.*, from *Annales de Thérapeutique.*

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Formation of Organic Tissues. — M. Coste read to the French Academy of Sciences, Dec. 15th, a paper on the first development of living bodies, and entered into an inquiry relative to the period which precedes the formation of cells—a period characterized by the presence of what Dr. Coste calls "organic spheres." When in mammiferous animals, the seminal fluid having penetrated through the uterine cavity and the Fallopian tubes, envelops the ovum, and impregnates it, the discus vitellinus undergoes the first modifications which precede organization of the germ. The vitellus first limits itself into a granular spherical-shaped body, enveloped in a viscid matter, which has been erroneously considered by Barry as a distinct membrane. After some hours the vitelline sphere divides into two equal parts, each of which assumes immediately the spherical form. This first division has been hardly completed, when each secondary segment also divides into smaller spheres, the vitellus being thus changed, after an extremely short period, into a large number of globular bodies. When this subdivision of the vitelline disc has been completed, the transformation of each sphere into a cell begins. In the centre of each of these minute granular spheres can be seen a diaphanous globule, which Dr. Coste compares to a drop of oil. The spheres may be observed in the vitellus of mammalia, osseous fishes, batrachia, mollusca, insects, and worms, and it is at the expense of this that the blasto-dermic membrane is formed. M. Coste concludes from his researches that between the amorphous condition of living matter and the formation of cells a period elapses, marked by the transformation of organic substance into small spheres, the first manifestation of life.—*Med. Times*, Jan. 3d, 1846.

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Spontaneous Cure of Ovarian Dropsy.—A woman, twenty-eight years of age, had been affected with dropsy of the right ovary

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for two years, the size of which increased rapidly. A projection appeared at the umbilicus, and eventually burst, a gush of fluid escaping from the opening. This opening became fistulous, and a puriform discharge took place. The swelling subsided, the discharge ceased, and the umbilical opening cicatrized. In fact, the woman seemed entirely cured. Soon after this she married, and became pregnant; after her delivery the abdomen remained enlarged, and it was evident that the dropsical swelling was reproduced. The tumour made the same progress as before, and eventually discharged its contents through the umbilicus. When the sac was emptied, the discharge gradually ceased, the umbilical opening healed, and there has been no return of the affection. —*Med. Times*, from *Med. Zeitung*.

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Successive Absorption and Reproduction of the Heads of Bones.—M. Flourens, in a paper read before the French Academy of Sciences, Dec. 8th, gives an account of some experiments instituted by him, the object of which is to show that the increase of bones in length is not the result of elongation of their fibres, a hypothesis sufficiently disproved by the fact, that bones increase in diameter by *superposition* of new layers, and in length by *juxtaposition* of fresh bony particles. The heads of bones are, in M. Flourens' opinion, the seat of perpetual and successive absorption and reproduction until such time as the bones have acquired their full development. M. Flourens' presents to the Institute nine experiments, divided into three series, the first of which is destined to prove the constant changes going on in the extremities of the long bones; the second, the absorbing powers of the periosteum, and the third refers to the functions of the medullary membrane. The first three experiments were made on the tibias of rabbits, into which nails were introduced. The nails placed in the spine of the tibia were found distant from that eminence three millimetres after twenty-two days, thirteen millimetres after forty-six days, and seventeen millimetres after seventy days. In experiments four, five and six, M. Flourens placed under the periosteum of a living bone a small plate of dead bone, and found it unaltered after fifteen days, worn and corroded after twenty-six, and almost completely absorbed after thirty-one. In experiments seven, eight and nine, M. Flourens destroyed the periosteum: a new bone was secreted by the medullary membrane, and the ancient bone was gradually absorbed by the new periostitic investment. M. Flourens concludes: —1. That during the increase in length of bones, their heads are successively absorbed and reproduced; 2. That the periosteum performs the functions of absorption in the same manner as the medullary membrane; 3. That, as well as the periosteum, the medullary membrane has the power of secreting new bone.—*Med. Times*, Dec. 1845.

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Active Principle of Digitalis.—M. Pietro Peretti states, in the *Nuove Annali delle Scienze Naturali di Bologna*, that he has discovered in the expressed juice of the digitalis purpurea, a new substance which has hitherto escaped the notice of chemists. This substance, isolated from the yellow colouring matter of digitalis, is volatile, and soluble in alcohol. M. Peretti is of opinion that the active principle of this plant may consist of this substance, and of the resinate of potash which it contains, and which constitutes the bitter part of digitalis.—*Ibid.*

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Statistics of Idiotcy in Wurtemberg.—M. Rösch states that there are 2901 idiots in the kingdom of Wurtemberg, which amounts to one idiot for 600 inhabitants. Amongst them 1193 are from 15 to 30 years old, 939 are more than 30 years old, and 769 are less than 15 years old.

—

Chordee cured by Colchicum.—A writer in a recent No. of the *Lancet*, states that he has treated successfully a case of chordee by wine of the seeds of colchicum, given in doses of twenty-five minims, for four successive nights.

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Typhoid Fever.—This fever, of a severe grade, was prevalent in the Hospitals at Paris in Sept. last.—*Annales de Thérapeutique.*

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Professorship of Phrenology.—A professorship of phrenology has been appointed in the Andersonial University of Glasgow. Dr. Wm. Weir has been elected to the chair.

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Obituary Record.—Died on the 9th Nov., Charles Badham, M. D., Prof. of Medicine in the University of Glasgow. He was an elegant classical scholar, a learned and impressive lecturer.

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THE MEDICAL NEWS AND LIBRARY.

VOL. IV. MARCH, 1846. No. 39.

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CLINICS.

Clinical Lecture on Albuminous Urine. Delivered at King's College Hospital, Nov. 29th, 1845. By Robert Bently Todd, M.D., F.R.S., &c. &c. Reported by Mr. J. S. Lavies.

Gentlemen, the subject I have chosen for my lecture to-day is "Dropsy with Albuminous Urine." I make use of this expression in preference to the word "Albuminuria," which is so commonly employed now, because it expresses the prominent features of the disease, and does not, as the high-sounding title, *albuminuria*, fix the attention exclusively on that which is only a *single symptom*, and not the disease itself.

We may have dropsy without albuminous urine. In many cases of cirrhosis of the liver ascites is present, but no albumen can be detected in the urine. So, again, in cardiac disease, dropsy, without albumen in the urine, often exists. A case was in the hospital in the early part of October last, where there was considerable dilatation of the right side of the heart, and excessive dropsy, but no albumen was discoverable in the urine. Dropsy being a symptom of great urgency, and taking a very prominent position in the following cases in which the urine was albuminous, I think I may fairly class them together under the general head—"Dropsy with Albuminous Urine."

I shall ask your attention to four cases, two of which are now in the hospital, and the other two have lately been in it.

Case I.—The first case is that of a boy, five years old, who has had scarlet fever, which seems to have run its usual course. About three weeks after the abatement of the fever he became universally dropsical. His urine was found to be scanty in quantity, smoky in colour, presenting a dark appearance, as if mixed with carbonaceous matter.

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent Gratuitously *to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for February.*

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On the application of heat, or of nitric acid, it yielded an abundant precipitate of albumen. Under the microscope other constituents of the blood were plainly seen, namely, blood discs and fibrinous casts of the uriniferous tubes. There was also a large quantity of lithic acid. The skin was dry, not freely secreting, and some fever was present. In order to promote the action of the skin, I employed the warm-bath and sudorifics, liq. ammon. acet. with nitre, and as the presence of blood in the urine indicated congestion of the kidney, a few leeches were applied to the loins. Not three days have passed, and the dropsy is almost cured. The urine is more copious, less albuminous, and less smoky.

Case II.—The second case is that of a woman, 25 years of age, in the sixth month of pregnancy at the time of her admission. She had always enjoyed good health till about a month ago, when she caught cold, and became troubled with cough and hoarseness. A fortnight after this, she observed a swelling of the labia pudendi and of the legs; her urine became scanty, and in it she noticed a red sediment. When she came into the hospital there was considerable œdema of the labia, and of the lower extremities, accompanied with some fluctuation of the abdomen. The urine was scanty, smoky, and highly acid; it was turbid, and abundantly albuminous; it contained lithate of ammonia, and had a sp. gravity of 1.027. The microscope was not used; but the presence of blood was sufficiently evinced by the smoky and albuminous character of the urine. The skin was dry. In this case I endeavoured to promote the healthy action of the skin by the use of warm baths, and by the administration of Dover's powder and antimony. Under this treatment the albumen soon disappeared from the urine, and the dropsy from the legs, and in twelve days all the symptoms that had previously been present had vanished.

I may here remark, that such cases as those now quoted have long attracted the notice of physicians, and that cases like the former were first described by Dr. Wells; and those, like the latter, by Dr. Blackall. These latter cases, as spoken of by Dr. Blackall, have generally received the title of "Inflammatory Dropsy."

Case III.—A woman, between 40 and 50 years of age, laboured under disease of the mitral valves, which favoured the regurgitation of the blood from ventricle to auricle, so causing obstruction to the circulation through the heart, and hence to the venous circulation generally. This patient had an enlarged liver; she was universally dropsical; her urine was smoky, and highly albuminous. She died; and on a post-mortem examination the kidneys were found to be very much congested in common with the liver and other internal organs. *There was no sign of disease in the elementary structures of the kidney.* The albumen which appeared in the urine depended on the congestion of the vascular apparatus of the kidney.

Case IV.—Thomas Ould, aged 43, now in the house. He is a silversmith, and once lived very freely, but has been quite temperate for the last four years. His trade is one which exposes him to frequent alternations of heat and cold. Long ago he noticed, that at every fresh exposure to cold the quantity of his urine sensibly diminished. During the November of last year he was seized with gout in the ankle, and in the February following œdema commenced in his foot, gradually extending upwards until he became universally dropsical. About sixteen weeks ago he was admitted into St. Bartholomew's Hospital, where he greatly improved under the treatment to which he was submitted. After he left, however, the disease returned, and he soon found himself worse than ever. Six weeks before he came into King's College Hospital he experienced pain in the chest, and has had dyspnœa ever since. There is probably some thickening of the mitral valves—perhaps, of others; a rough sound, heard at the apex, attends the systole of the heart. He has now dropsy in every part of the body; he presents a white and waxy look; his liver is large; his skin does not act; his urine is deficient in quantity; its sp. gravity comes within the range allowed for healthy urine—1.020. It is not smoky; it contains an abundance of lithates, and is highly albuminous. *This case differs from the others in exhibiting a deposit in the urine of epithelial particles, which are found, under the microscope, to be loaded with fat.* The object I have had in view in the treatment of this case has been to carry off fluid, and with it such morbid materials as have been retained in the blood in consequence of the imperfect action of the skin and kidneys. The patient has had the pulv. jalap. comp. and calomel; hot-air baths have also been used. He has been put upon a diet from which non-azotized matters have been excluded.

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Under this treatment the dropsy has somewhat improved, but the same deposits continue to be found in the urine.

In all these cases we have evidence of congestion of the kidney.

1st.—*From the smoky urine.* (In three cases out of the four quoted.) This appearance presented by the urine is due to the presence of blood-corpuscles, the colouring matter of which is blackened by the acids of the urine. The presence of the red particles in the urine is in my mind a certain indication of rupture of some minute vessels, inasmuch as a red particle is far too large to escape through the pores of capillary vessels.

2dly.—*From the existence of albumen in the urine.*—This depends on the escape of the serum of the blood, consequent upon congestion, from the vessels into the uriniferous tubes; and it may take place either with or without rupture.

3dly.—*From the presence of fibrinous moulds.* The fibrin of the blood having escaped into the tubes, adapts itself, when it coagulates, to their form; and when at last it is brought away, it represents an exact cast of the tube it occupied, carrying with it sometimes an epithelial cell, healthy or unhealthy.

Now this congestion, of which I have been speaking, as evidenced by these three conditions of urine, may be either partial or general; but if partial, then some of the congestion must have existed in a Malpighian plexus; for, from the position of the portal plexus external to the tubes, a hemorrhage into the tubes is not likely to result from a congestion limited to that plexus.—Even when the whole quantity of blood in the gland is small, these phenomena may occur, provided some of that little be unduly accumulated in one or more Malpighian plexuses.

You will understand these points better if I briefly call your attention to the anatomy of the gland. An accurate knowledge of the relations of the secreting and vascular parts of the kidney is of the highest importance to both the physiology and pathology of the organ; so important, indeed, that I hesitate not to say, that no one who is ignorant of them is competent to offer an opinion respecting diseased states of this gland.

1st.—*Of the secreting apparatus of the kidney.* This consists of highly-convoluted tubes, each one at its origin, that is, at its connection with the vascular system, presenting a cyst-like dilatation, which surrounds a peculiar portion of the vascular apparatus, called the Malpighian plexus. The mass of the kidney is composed of such tubes. Their structure is basement membrane, lined with cells of epithelium. Dr. Johnson has ascertained, that in many of these cells a small quantity of fat exists. It must be remembered that the condition of this epithelium affords a most important indication of the state of nutrition of the gland. If its nutrition be perfect, then its secreting functions will be well performed, and the epithelium will be healthy; but if, on the other hand, its nutrition be impaired, one of the results will be unhealthy secretion of epithelium.

2dly.—*The vascular apparatus.*

The renal artery breaks up in the substance of the kidneys dividing and subdividing, till at last several small arteries are formed (*the Malpighian*), each of which passes towards an uriniferous tube, pierces its wall, and terminates in a minute tuft (*the Malpighian plexus or tuft*), within the dilated origin of the tube. Out of the tuft a small vein arises, which makes its exit by piercing the wall of the dilated extremity of the tube; this vein breaks up into a venous plexus, called the "portal," from the obvious analogy which it bears to the portal system of the liver. From the portal plexus larger and less numerous veins arise, which, by their junction, form the renal or emulgent vein.

The course of the circulation in the kidney, then, may be described as follows. Before the blood can get to the renal vein it must pass through the Malpighian and portal plexuses; the former within the dilated origin of the uriniferous tube, the latter external to and surrounding the walls of the tubes; and this difference is very important. If an accumulation were to take place within the tubes, what would be the result? The portal plexus would be pressed, and the circulation in it retarded; the blood would consequently be thrown back on the Malpighian tuft, and congestion there would result. It is worthy of notice, that the vessels which compose the Malpighian plexus are very delicate in their texture, and peculiarly favourable to admit of the filtration of fluid; and if the congestion goes so far as to cause rupture, the red particles and fibrin escape into the tubes. Whenever you meet with

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serum of the blood in urine, you may at once conclude that there is congestion of the kidney—in one Malpighian plexus, at least; and whenever red globules are present you may be sure that rupture has taken place. The tubes have in such cases been found injected with blood.

What is the cause of congestion in the several cases that I have mentioned? Let me take them "*seriatim.*"

I. How does it happen that dropsy, with albuminous urine, occurs after scarlet fever? The scarlatina poison affects the whole body; wherever blood is, there is also poison; and, therefore, all the parts to which the blood travels are liable to become infected with the poison. No organ is more liable to be infected in this way than the kidney; its nutrition is interfered with; the healthy attraction between the blood and the elements of the gland is disturbed; a state of *irritation* is induced, and the result is an afflux of blood giving rise to active congestion. This irritation may go so far as to excite inflammation; but certainly not to any great extent, for the products of inflammation are very seldom found. I have never met with suppuration of the kidney after scarlet fever; nor do I know that any one has noticed such a result. Active congestion of the kidneys, then, is induced in these cases by the irritation of the poison. It is important for you to remark, that albuminous urine frequently is noticed during the course of the fever. A case was in the hospital under my care last summer, where it showed itself on the fifth day from the commencement of the attack. The patient died; and Dr. Johnson, who minutely examined the kidneys, found no other morbid change in them than that which might arise from simple irritation, namely, congestion, with an undue quantity of epithelium; just as from irritation of the skin an unusual amount of epidermis is secreted. In these cases of dropsy after scarlet fever the kidney is not the only organ affected. Dr. Graves mentions some examples of enlargement and irritation of the liver relieved by antiphlogistic means; and Dr. Scott Alison has lately called attention to cases of endocarditis and pericarditis occurring in connection with scarlet fever. When these matters come to be more minutely investigated, I believe that we shall find that the liver and other organs are affected in scarlet fever more frequently than is now supposed.

II. In the second case the symptoms appeared after cold, and the phenomena observed were, to a great extent, similar to those just mentioned. In consequence of suppressed secretion by the skin noxious material was retained in the blood, which occasioned irritation of the kidney, and subsequent congestion.

Now, in both these classes of cases, the aim of the treatment must be to restore the healthy action of the skin, to relieve congestion, to purify the blood of noxious ingredients by promoting the various excretions. How far the treatment to be pursued may be antiphlogistic, or more or less stimulant and tonic, must depend in a great degree on the peculiar circumstances of each particular case.

III. In the third case the symptoms depended on disease of the heart, and it must be obvious that no remedy could possibly be of paramount benefit that was not directed to the removal of the obstacle to the circulation in that organ.

IV. In the fourth case the phenomena are connected with a peculiar state of the kidney itself, and a remarkable train of symptoms is manifested which are naturally divided into three stages.

The first stage is remarkable for the absence of any symptom distinctly referable to the kidney. That organ, indeed, can hardly be said to be diseased, although a morbid change is commencing in it. The general health of the patient is disturbed; his assimilation, both primary and secondary, is defective; the blood suffers in some of its staminal principles, but especially in its colouring matter. There are frequent dyspeptic attacks. If the urine be examined in this stage it will be found to contain fat, and particles of epithelium loaded with fat.

The symptoms in this stage are such as not to attract the particular notice of the patient or his friends; and even if he did take medical advice, there is no sign which would certainly indicate the incipient stage of the disease, unless the urine be examined and found to contain fatty epithelium.

The serious nature of the malady is, therefore, constantly overlooked in this stage both by patient and physician; nor does the real state of the patient show itself until in the second stage the urine becomes albuminous.

On this account the second stage is that which is ordinarily described as the *first.*

The attention of the patient is drawn to

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his condition, and medical aid is sought in consequence of all or some of the following symptoms presenting themselves. Pain in the loins; nausea or vomiting; disturbed digestion; pallid or pasty countenance; some œdema of the legs or face, or both.—Sometimes hepatic symptoms are present; sometimes cardiac. Micturition, especially at night, is very frequent; (this is a remarkably common symptom.) The urine is albuminous; either simply so, or other elements of the blood are found in it; fibrinous casts of the uriniferous tubes, or red particles of blood. It may contain a large quantity of lithates; and, as has been ascertained by F. Simon, fat; or, as Dr. Johnson, finds, fatty epithelial cells.

From this stage the patient generally dates his illness. Thus it appears from the history of one of our patients, Ould, that the first thing that attracted his attention was the œdema in his lower extremities.

Patients, in whom the disease has advanced to this stage, are, when exposed to cold, rendered much worse, and the progress of the malady is hastened by the suppressed perspiration, and the consequent increase of renal congestion. Indeed, the disease may have been silently creeping on without any marked symptoms, until a check to the perspiration, giving rise to congestion, as it would do in a healthy kidney, causes so rapid a development of the dropsy and other symptoms, as to give to the disease an acute character, and to lead to its being attributed to inflammation.

In the third stage the dropsy becomes general. There is always anasarca, and sometimes ascites; the latter usually depending on a more or less obstructed state of liver. The urinary secretion is defective; more or less albumen is to be found. The urea, instead of being removed from the system, is retained in the blood, and the result of this is epilepsy and fatal coma.

Now, what is the condition of the kidneys in these cases?

1. *Both* kidneys are found in a diseased state. It seldom or never happens that the disease is limited to one kidney.

2. We meet with irregular vascular congestion; the vessels are full at some parts of the organ, and empty at others, and this gives rise to a mottled appearance on the surface of the kidney.

3. A deposit of a new matter is found either in or between the tubes of the kidney; this deposit has hitherto been called *granular*.

4. As the disease advances, the kidneys, which at first were enlarged, shrink, their cortical or external portion becoming wasted here and there, leaving depressions on the surface of the organ corresponding to the wasted portions; and thus a tuberculated aspect is given to the kidney. The blood-vessels are obliterated in many situations, and it is impossible to inject such kidneys.

Such, then, is the coarse anatomy of this disease, as has been clearly made out by the numerous observers who have directed their attention to it. The following questions, however, naturally suggest themselves, and must be definitively answered before we shall be in a condition to determine the pathology of the disease.

What is the nature of the deposit? How is it produced? Where deposited; in or between the tubes? Is it a product of inflammation? Is it a new element, or only an increase of a natural one?

I have already remarked that Dr. Johnson has found that the healthy epithelium of the kidney contains fat—in small quantities it is true, but yet sufficient, and so generally existing as to warrant the assertion that its presence in the cells, in small quantity, may be regarded as a normal character of them. It had been previously known that this is the case with the cells of the liver; but in these, fat exists in much larger quantity than in the renal epithelium.

In this disease, however, according to Dr. Johnson's most important discovery, fat accumulates in the epithelial cells of the kidney in large quantity; and it is the existence of these gorged cells which gives the appearance of a granular deposit.

Mr. Bowman had discovered that fatty liver essentially consisted in an overloading of the epithelial cells with fat. So similar are the cells of the kidney, in this disease, to those of the fatty liver, that if placed side by side you could not distinguish a renal from an hepatic cell. Both are filled with distinct oil-globules, the appearance of which is so peculiar that no microscopic observer of ordinary experience could fail to distinguish them.

In these cases, the cells of the liver are often found unduly gorged with oil, exactly as in the kidney. Fatty matter along with other materials, is also found in the arteries, and on the valves of the heart. Phthisis, too,

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is frequently co-existent, and tubercles, it may be observed, contain fat as well as other elements.

With regard to the question, "Is the deposit situate *in* or between the tubes?" I must remark that it is very unlikely it should select the latter situation. The tubes are placed very close together; between them there is a very small quantity of a clear homogeneous hyaline substance, in which the vessels are lodged. Again the changes of nutrition are known to take place on the free surface of the tubes—that is, in their interior; and therefore it is most likely that any changes resulting from impaired nutrition would also manifest themselves there. You may see the fat-laden epithelium within the basement membrane of the tubes. Some years ago I had formed the opinion that the epithelium, in this disease, was secreted in undue quantity, and distended the tubes, but I did not know that its substance was in any way changed.

When the gorged epithelium cells accumulate in the uriniferous tubes, the result is that the tubes become dilated, the portal plexus which surrounds them is compressed, the passage of the blood through it is impeded or prevented, and the Malpighian tufts become distended with blood, and allow serum to transude through the walls of their vessels, or, if they burst, admit of the escape of the red particles and fibrin. And as the accumulation goes on, the portal plexus here and there is obliterated, and the Malpighian tufts become obliterated likewise, and atrophy of the kidney and deficiency of its secretion ensue. As, however, many healthy Malpighian tufts remain, the secretion does not always stop, but, on the contrary, may now and then become abundant, or even excessive.

It may be now confidently asserted that this disease consists essentially in a deposit of fat in undue quantity in the epithelial cells of the kidney, associated with similar deposits, in greater or less quantity, in other organs—in the liver, on the internal surface of arteries, and of the valves of the heart; and that it is frequently accompanied by the deposit of tubercles in the lungs.

Instead, then, of the name granular kidney, hitherto so generally employed, we must use that of "fatty kidney," as we speak of *fatty liver*.

And I may remark here, that this disease is, to all intents and purposes, of the same nature as the fatty liver, which has hitherto been chiefly known as a frequent accompaniment of phthisis.

It is true that the accumulation of fat in the cells of the liver does not lead to the obliteration of the blood-vessels of the gland, nor to a stoppage of its secretion, as in fatty kidneys. This difference in the effects of the same accumulation in these two organs is due to the greater distensibility of the liver, which readily increases its size without compressing or impeding its blood-vessels; whereas, from the dense fibrous membrane which covers the kidney, and the highly convoluted arrangement of its secreting tubes, the retention of the enlarged cells within them speedily affects the vessels which play around them, and obstructs the circulation.

The frequent association of fatty liver with fatty kidney strongly indicates that the two diseases are closely allied to each other, and owe their existence to a similar, or even to the same cause. There is no evidence that this disease is inflammatory. Fat is certainly not a product of inflammation, nor do we find any of the inflammatory products in the kidneys in this disease. No pus, no gangrene, no lymph, in the substance of the kidney. To explain the disease, we must look to those circumstances which favour the formation of fat; deficiency of oxygen, want of exercise, impure air, and the like.

Mr. Simon and Dr. Johnson have artificially produced the disease. They kept cats for some time in the dark, causing them to breathe impure air, and to live on unwholesome food. The results were, that they were enabled to trace the disease through its three stages. They drew off the urine from the bladder by a catheter, and examined it from time to time; they found that first fat began to appear in the urine, with numerous gorged cells. There was soon a tendency to dropsy, and the urine became smoky and albuminous. The dropsy increased, the urine became scanty, and death from suppression followed. The state of the kidneys was exactly such as I have described it in the human subject.

I confess that this appears to me to be an *experimentum crucis*. A theory of the disease had been formed, based on facts ascertained in the human subject.

An animal is subjected to all those conditions which would favour the expected results, and these results have followed exactly as had been anticipated.

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In the treatment of the disease, we must look to the particular stage in which we find it. If perchance the patient applies for advice in the very earliest stage, and the physician is fortunate enough to detect it, the disease may be cured. If, before mechanical obstruction and its consequences have arisen, the mode of life and the habit of the patient be changed by pure air and careful attention to diet and exercise, then it is quite possible that the coming evil may be averted. Unfortunately, however, a patient seldom applies for medical aid thus early. In the second and third stages we can only palliate suffering, by relieving congestion, promoting the flow of urine, and the action of the skin; and perhaps we may check the tendency to the abnormal deposit of fatty matters, by restricting him to a diet which contains neither fat nor butter, nor any of those non-azotized substances which are nearly allied in chemical constitution to fat, and are easily convertible into it—such as starch, sugar, potatoes, &c. We must not allow fat, butter, and such things, to be taken, nor any of those substances which, like potatoe, starch, &c., are easily convertible into fat. The foregoing considerations, therefore, lead me to regard "Bright's Disease.

1st. As one in which the existence of albumen in the urine is a concomitant, by no means an essential, feature of the disease, but a result of the mechanical obstruction to the circulation, which the morbid deposit in the kidney causes. It is, as indeed Dr. Bright himself has always insisted on, only one of those diseases which give rise to albuminous urine.

2dly. As a disease of the blood, manifesting itself in faulty assimilation, both primary and secondary, and consequently allied to those diseases (gout, rheumatism, diabetes, &c.) which have their origin in a morbid state of the blood.

It will be for future clinical research to discover such signs of the earliest stage of the disease as will enable both physicians and patients to detect it in sufficient time to adopt the remedial measures which are so clearly indicated by its pathology.

In conclusion, in order to save myself from being misunderstood, let me say, that although I object to the term of "albuminuria," for reasons before given, yet I regard the presence of albumen in the urine as a symptom of grave import. If albumen should suddenly make its appearance in the urine, and quickly disappear, little need be feared; but if, on the other hand, it continues steadily and unremittingly to show itself, then it must be looked upon as a symptom calculated to excite our worst fears. The presence of albumen is always indicative of partial or general congestion of the kidney. This congestion must have a cause, and that cause may be either,—1. Undue attraction of blood to the organ, as from irritation, or, 2. Obstruction to the circulation in the portal plexus of the kidney, causing congestion of one or more Malpighian tufts; and this latter cause may depend either on obstruction to the general venous circulation, from disease of the heart primarily, or upon mechanical pressure of the portal plexus, by the over distended uriniferous tubes.

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Clinical Lecture on Medicine. Delivered at the Meath Hospital, Dublin. By ROBERT J. GRAVES, M. D., M. R. I. A., &c.

Allow me to refer briefly to the case of Michael Carey, who lies in the chronic ward, and who has within the last week exhibited symptoms of rather a suspicious character. The account which he gives of himself is, that his illness commenced on the 3d of March, with rigors, thirst, loss of appetite, and prostration of strength. When admitted, on the 7th, he had thirst, fever, and restlessness, with slight cough, unaccompanied by expectoration. He was treated with aperient enemata, effervescing draughts, and the other remedies which we are in the habit of employing where the fever is not violent, and where there is no inflammatory affection of any internal organ to subdue. Under this treatment his fever began to decline in the course of five or six days, and, with the exception of his cough, which had been gradually increasing and was now very troublesome, he seemed to be fast approaching a state of convalescence. On the tenth day his skin was cool, his pulse reduced nearly to the natural standard, and his tongue cleaning; but the cough had increased in severity, and he complained that it kept him awake at night. Hitherto I had looked on it as merely an instance of that bronchial affection which is so frequently combined in this country with fever of a gastric type, and which generally disappears as soon as a favourable change occurs in the febrile symptoms.—The persistence of the pulmonary symptoms, however, in spite of ordinary treatment, induced me to think that there might be some-

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thing more than mere bronchitis; I accordingly proceeded to make an accurate stethoscopic examination. Over the left side of the chest respiration was pure, and the sound on percussion natural. On the right side, immediately below the clavicle, the chest sounded dull on percussion, and, on applying the stethoscope, the respiration was found to be comparatively feeble over this spot, and mixed with crepitus and bronchial rales. Now the question to decide here was, could this be commencing tubercular deposition, or was it mere bronchitis with effusion into a circumscribed portion of the minute bronchial tubes and air vesicles? It is not very easy to decide this question in many cases. The patient was a young man of good constitution, and apparently not of the scrofulous diathesis: but his cough had resisted ordinary treatment, it was growing daily worse, and he had dulness under the right clavicle, with feeble respiration and bronchial rales. Weighing these circumstances carefully, and recollecting that phthisis frequently comes on after fever in a very unexpected manner, and with great rapidity, I determined to choose the safer side, and treat it as if it were a case of commencing tubercular deposition. I immediately ordered leeches to be applied under the clavicle, to be repeated as the exigency of the case might require, and prescribed the hydrocyanic acid in the form recommended by M. Magendie. He recommends a drachm of the cyanuret of potash to be dissolved in an ounce of distilled water. This solution is stated by him to be equal in efficacy, and capable of producing all the advantageous effects of hydrocyanic acid, at the same time that it is less volatile, less liable to undergo change, and can be always prescribed of the same strength. He says that it possesses all the beneficial properties of hydrocyanic acid, in relieving the irritative cough of phthisis, or the excitement which accompanies gastric derangement. Of this solution I ordered the patient to take one drop in half an ounce of water every fourth hour, to be increased in the course of three or four days to double the quantity. On making an examination this morning, I find that his symptoms are improved; there is less dulness on percussion, respiration is clearer, and the crepitus is diminished. On the whole his condition authorizes us to entertain hopes of being able to bring about a cure. If phthisis be curable, or if tubercular deposition admit of being resolved, it is only at the very commencement of disease, and before that state of constitution is established in which there is a tendency to the formation of tubercular productions. If we happen to be so fortunate as to detect phthisis at this early period, I think that it is possible not only to palliate, but also to remove it. By free and repeated leeching, the use of blisters, a mild diet, and the insertion of one or two setons over the part dull on percussion, you will often be able to remove any threatening symptoms, and perhaps save the patient's life.—*Med. Times*, Aug. 2, 1845.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Physical Condition and Diseases of the Mississippi Valley and Lakes—Professor DANIEL DRAKE, of Louisville, who has been for some time engaged in collecting materials for a treatise on this subject, announces that he has made considerable progress in the composition of it, and requests those physicians who have promised to assist him with facts to forward them. He particularly desires accounts of epidemics, post-mortem appearances in autumnal fevers, meteorological observations, and an accurate notice of the time, in the ensuing spring, when the following plants begin to unfold their leaves:—the peach tree, white flowing locust, dogwood, and cotton wood. In every case a number of individual trees should be observed, and the aspect of the spot in reference to the sun recorded.

Health of Middle Tennessee.—The correspondent of the editors of the *New Orleans Medical and Surgical Journal* writes from Nashville, Tenn., under date of Nov. 6th, 1845:—"Since I wrote you last, we have been dreadfully scourged with disease. Although our town had been healthful as usual, the surrounding counties of Middle Tennessee, and the adjacent counties of Kentucky, have suffered more from sickness, than the 'oldest citizen' can remember at any former period. The disease has been principally fever, and of the ordinary remittent and intermittent types, requiring, as far as I have observed and inquired, no important modification in the treatment.

"The disease commenced about the middle of September, and continued with unabated violence until about the 25th of Octo-

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ber, when it ceased with the approach of cool weather, and very suddenly. I have not been able to ascertain that one locality has been more liable to its ravages than another; the high, hilly, and even mountainous districts, as well as the flat rich country, have been alike sufferers. And during its severest form the country was perfectly dry, not having had rain for many months; the beds of the creeks and ponds were too dry even to afford *moisture* enough to justify Dr. Cooke himself in tracing the disease to *malaria*. And those regions of country at great distances from marshes, ponds, and rivers, have presented the same disease, identical with the cases which were seen on the sides of dried-up ponds and creeks."

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Lithotomy.—Dr. Bush states in the *Western Lancet*, (Jan. 1846,) that Prof. Dudley, of Lexington, has performed the operation of lithotomy in 185 cases, of which 180 were successful.

Colour of the Hair Restored.—Dr. Sykes relates in the *St. Louis Med. and Surg. Journ.*, a case in which the colour of the hair has been restored in a man aged 81. The beard has become quite black, and what is more surprising the sight is said to be measurably restored.

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Transylvania University.—Dr. Samuel Annan, of Baltimore, has been elected Professor of Midwifery, and Dr. Elisha Bartlett Professor of the Theory and Practice of Medicine in this Institution. These are most judicious appointments, and cannot fail to strengthen the school and add to its reputation.

We learn from the catalogue that the number of students the present session is 171.

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Willoughby Medical College.—The number of students during the present session is given in the catalogue as 164, of which number we observed 13 are M. D's, and two are clergymen.

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Chorea St. Viti cured by Strychnine.—Dr. John H. Griscom, of New York, reports a case of violent chorea in a girl, 19 years of age, treated successfully by the use of strychnine in the dose of one-sixteenth of a grain three times a day, gradually increased to one-half a grain.

FOREIGN INTELLIGENCE.

A frequent and little known cause of Sterility.—Prof. Osiander believes that in many cases which have come under his notice, sterility was owing to elongation of the cervix uteri, too pointed a form of the anterior lip, and improper direction of the os uteri. The professor continues, this more especially deserves the attention of physicians, since it belongs to those causes of sterility which are not absolute, and may be remedied, if the female, during the sexual act, be placed in the proper position (on her face.)—*Northern Journ. Med.*, Jan. 1846, from *Holscher's Annalen*, 1845.

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Comparative Nutritive Capabilities of different Substances.—Different authors have attempted to frame a scale of nutritive equivalents. Boussingault founded one on the quantity of nitrogen contained in the different articles of diet. Liebig assumes, that although pulse, beans, peas, and all other vegetable substances used as food, contain a large quantity of nitrogen, yet they are of comparatively little value as articles of nourishment, because they contain in but very inconsiderable quantity the component parts of the bones (phosphate of lime and magnesia); they satisfy the appetite, but give no strength.—*Phosphorus* is a necessary ingredient of the animal body, and must therefore be an element of animal nutrition. It is required as a constituent of the blood, the flesh, and the bones of man and animals, and is found in many organic substances.—*Sulphur* is required to explain the development of sulphurated hydrogen, and hydrosulphuret of ammonia, inasmuch as it gives odour to various organic substances. The organism derives its sulphur from the animal substances used as nourishment. Flesh, eggs, and milk contain it, so also does vegetable fibrin, as corn; vegetable albumen, as almonds, nuts, cauliflower, and turnips; vegetable caseine, as beans and peas, and it is particularly present in the cruciferæ.—*Iron* is a constituent of most, if not all, organic tissues. Most articles of nourishment contain it. Veal contains less than beef, because calves generally, before their death, lose much blood. Iron is contained in the yolk of the egg, in milk, and in most esculent vegetables.—*Chlorine* is a constituent of the blood of the gastric juice, and different excretions, the urine, saliva, tears and fæces, as it is constantly being consumed in

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the formation of the gastric juice, and the secretions; so is its reproduction more frequently necessary. It is introduced into the system in the form of chloride of sodium or table-salt.—*Sodium* is a constituent of the blood of the animal tissues, and secretions, and is introduced into the system, more particularly in the form of the chloride. It is not a common constituent part of plants, unless when they grow near the sea or other salt water. Most waters contain a small quantity.—*Calcium* enters into the composition of all animal tissues. Our organization derives it from the flesh, vegetables, and minerals which we consume, as well as from water.—*Magnesium* is found in small quantities in the blood, the teeth, the bones, the nervous substance, the thyroid gland, and other parts of the body. It is a constituent of vegetable and animal articles of diet. Slight traces of *potassium* are found in the blood, solids, and animal secretions. It is a constituent of animal and vegetable articles of food, more especially the latter, and is found in grapes and potatoes.—*Northern Journ. Med.*, Jan. 1846, from *Canstatt's Jahresbericht*, 1845.

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Pathology and Therapeutics of Typhus.—Dr. Richter considers that the nervous symptoms in typhus are not dependent on the morbid changes in the mucous membrane of the intestinal canal, for he has observed them before degeneration of that tissue had commenced, and *vice versa*, they have disappeared before the membrane had recovered its healthy state; and, moreover, there are other diseases where the intestinal membrane becomes degenerated, and nervous symptoms are not present during any part of their course. The nervous symptoms of typhus depend much more on defective nutrition of the organization generally, as well as of the nerves in particular. This is confirmed by the etiological conditions of the disease, such as those which exert an influence on soldiers in the field, particularly mental depression, grief, care, exertions causing physical exhaustion, and food deficient in quantity and improper in quality. The connection between the nervous symptoms and defective nutrition is also confirmed by the facts, that death from starvation exhibits all the nervous symptoms of typhus, and the injection of putrid organic matter into the veins has a similar effect. Further proof of this connection is borne by the physiological and chemical researches of Andral and Gavarret into the nature of the *typhoid* state. As a consequence of this condition, the proteine (*i. e.* the albumen and fibrin), and the fatty matter become absolutely diminished in quantity, while the blood-corpuscles and alkalies are relatively increased. Inasmuch as in typhus the fibrin is absolutely diminished, a much less quantity of it passes into the lungs for oxidation, and accordingly the organic metamorphosis going forward with less intensity, the debility and weakness of the patient become manifest. The deficiency of the oxide of proteine, as the author satisfactorily proves, is brought about in this way; too few blood-corpuscles (by means of which the organic acids and acid salts are formed from the decomposed organic substances in the venous blood) are set free to be converted by the process of respiration into fibrin. Hence, there is not enough of oxide of proteine taken into the organs as is necessary to compensate for the organic matter decomposed. The quantity of the decomposed organic products is in proportion to the quantity of acid produced in the lungs; and hence, too, the solution of the blood-corpuscles and the formation of fibrin is in equal proportion. Hence, one of the chief symptoms of the typhoid state, viz., diminution of the biliary secretion, becomes evident. According to Schultz and Hunefeld, the bile is composed of some of the products of the decomposition of proteine, compounds of fat, the decomposed envelops of the blood-corpuscles, and hematosine. But as now these products of decomposition are present in too small a quantity, and the fat, before it arrives at the liver to form bile, is destroyed by the excess of oxygen, so it is clear that the bile must be secreted in too small a proportion. What then does nature do to effect a cure? She excites a febrile state so as by means of an increased rapidity of the circulation and respiration to hasten the oxidation of the fibrin in the typhous blood to form a larger quantity of the oxide of proteine. To give nutritive diet to a patient in this state is to increase the disease, because the food must first be converted into chyle, and that into blood-corpuscles; but here the organic metamorphosis stops, no fibrin being formed. The indication in the treatment is to produce fibrin, and this can only be done by means of substances which favour the metamorphosis of the blood-corpuscle into a fluid plasma.

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According to the experiments of Hunefeld, chlorine exerts the most powerful action in the solution of the envelops of the blood-corpuscles. On the decomposition of the envelop, the nucleus of the corpuscle, the true representative of fibrin, remains undissolved; but this result, according to Hunefeld and Mülder, may be brought about by the salts of ammonia, the carbonate or phosphate. Hence, it is without doubt clear, that the alternate exhibition of chlorine and ammonia, as employed by the author to produce the oxide of proteine, which was intended to cause the metamorphosis in the capillaries necessary for cure, strongly supported the struggles of nature to effect recovery. According to the author, calomel, given from ten-grain to scruple doses, has a similar effect. The chlorine is exhibited in the form of c. oxymuriatic acid.—*Ibid.*, from *Casper's Wochensch.*

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Ignorance of Pregnancy.—Dr. Ruttel mentions the case of a woman, ætat. forty-one, who having been married for 17 or 18 years, and remaining sterile, was unexpectedly delivered of a healthy, mature, and living child. She, herself, being ignorant of her pregnancy, and having but a few days before delivery, repudiated such a supposition.—*Ibid.*, from *Henke's Zeit Heft.* 2. 1845.

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Supposed Death.—Mr. A. S. Taylor mentions the following extraordinary case:—In October, 1830, a servant girl, who had retired to bed in apparently perfect health, was found the following morning, as it was supposed, dead. A surgeon who was sent for pronounced her to be certainly dead, and stated that she had probably been so for some hours. A coroner's inquest was summoned for four o'clock of the same day to inquire into the cause of death, and directions were given that a post-mortem inspection of the body should be made in the meantime. The reporter of the case was requested to give his assistance. Accompanied by the surgeon who had been consulted, he went to the house about two o'clock for the purpose of making the inspection. The deceased was found lying on the bed, in an easy posture, on her left side, her body forming somewhat of a semicircle. The countenance was pallid, but so perfectly placid and composed as to give her the appearance of being in a deep sleep. The heat of the body, although she must have been dead eight or ten hours, was not in the least diminished. The room was carefully searched, but nothing in the shape of poison, nor any other means of self-destruction, could be discovered. Every article of apparel lay around as it might be supposed to have been left by a person going to bed in perfect health as usual. The heat of the body not diminishing a vein was opened, and various stimuli applied, but without producing any sign of resuscitation. The respiratory and circulatory processes had ceased; no artery could be felt pulsating. Two hours had now elapsed since their arrival, and the parties still hesitated to perform the inspection, when a message was sent to them stating that the jury were waiting for their evidence. The inspection was then commenced, but on moving the body for the purpose, the warmth and pliancy of the limbs were such as to give the examiners the idea that they were inspecting a living subject. The internal cavities were so warm that a very copious steam issued from them when they were laid open. All the viscera were healthy, there were no signs of disease; nothing appeared to account for death, and from what they saw the inspectors regretted that they had not postponed the examination until the signs of death had been completely manifested. For obvious reasons, the name of the place where this extraordinary case occurred, and the name of the reporter, were suppressed. He had evidently communicated the details in a fit of remorse for his precipitancy.—*Lond. Med. Gaz.*

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Dangers of Operations on the Neck.—Dr. Lenoir removed, on the 26th of October, a tumour from the neck of a man, aged forty-five—the exact nature and seat of which were not very positively known before operation. The tumour was raised by the arterial pulsations, but, on auscultation, no abnormal sound could be detected within it; the patient could swallow only liquid food, and M. Lenoir resolved on removing the disease, because suffocation had become imminent. The operation was performed with success, and its close was attended with a remarkable circumstance: the tumour had been separated on all sides from the healthy parts with a spatula, in order to avoid wounding the numerous vessels placed in the vicinity, and it still was attached to the neck by a pedicle placed at the basis of the

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cervical region. A ligature was, fortunately, passed round this pedicle before it was divided; and, after section, it was found to consist of the internal jugular vein. M. Lenoir remarks, that the operation might have terminated by the sudden death of the patient, from introduction of air into the vein, had not the precaution of trying the pedicle been prudently resorted to.—*Med. Times*, Dec. 6, 1845.

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Closure of the Fontanelles and Sutures previous to Birth, and subsequent Disunion.—Dr. Lœwenhardt delivered, June 26th, 1844, a lady in her first pregnancy, of a still-born boy, in whom all the fontanelles and sutures of the skull were firmly united together. The child was restored to life. In the third week the fontanelles and sutures became disunited, and on the 26th July they could all be felt open and wide, even to the frontal sutures. On the 26th October the small frontal was completely closed; the large one partly. The author supposes, that in this case, the increased development of the brain produced the gradual absorption of part of the bones of the skull, which had been previously unusually developed by a longer sojourn in the uterus, inasmuch as the mother was delivered a fortnight after the ninth month had been completed, according to her calculation. No similar case is known to him. He adds the question, whether similar observations have been made, and whether reopening of the fontanelles and suture be necessary for the development of the brain?—*Ib.*, from *Froriep's Notitzen.*

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Staphylæmatoma—Dr. Vitz has observed three cases of this disease of the palate, which has been called *hæmatoma palati*. It consists in the formation of one or several bladders, filled with fluid blood, and covered by the epithelium of the mucous membrane of the palate or uvula. If punctured, fluid blood is discharged. It causes no other inconvenience than a slight pain in swallowing or chewing, according to its situation. If not punctured, the contents are either absorbed or the tumour breaks, leaving a superficial, slightly painful ulcer, which heals in a few days. The causes are not known. One patient asserts that he has suffered from it once every year. A slight difficulty in eating sometimes precedes its appearance. It is about the size of a hazelnut, and, in the cases observed, was always accompanied by aphonia, which was invariably cured by puncturing the tumour.—*Med. Times*, July 14, 1845.

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Treatment of Scabies by the Veratria Alba.—The following formula is extolled in the *Annales de Thérapeutique.*

R.—Powdered root of white hellebore 60 grammes = ℥xv.

Black soap 25—30 grammes = ℥vii.

Hot water sufficient to make an ointment. All parts of the body affected with the eruption are to be rubbed once a day with this compound; after a few frictions, the patient complains of heat in parts which have been exposed to the ointment, and the itching of the scabies has ceased. One or two common warm baths are now necessary. If fresh vesicles should show themselves they are to be similarly attended to.—*Ranking's Retrospect*, Jan., 1846.

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Fumes of Belladonna in Hæmoptysis.—M. Schroeder speaks highly of this herb in hæmoptysis, used in the following manner:—The dried leaves are cut into small pieces, and about two drachms are then thrown upon burning coals, so that the patient may be enabled to inspire the fumes as they arise. In all the cases of hæmoptysis in which this simple expedient was tried, the author found it effectual in arresting the hemorrhage, generally at the same time allaying the cough, and producing a feeling of relief in the chest. It is singular that inhalation of the steam from a decoction of these leaves, or their internal administration, does not appear to have an equally beneficial effect.—*Ib.*, from *Annal. Univ.*

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New Method of applying Ligatures to Nævi.—Mr. Christopherson advises the following modification of the usual method of performing this operation. The plan, which is sufficiently simple, is thus described:—"Take a piece of strong silk or ligature, well waxed, and three-quarters of a yard in length. Thread a curved needle with the same, leaving the ends equal, and pass it double under the centre of the part requiring to be removed. This done, cut the ligature in the middle, leaving the needle attached to the inferior portion, which is then passed through the skin immediately below the part to be strangulated. Thread the needle with the superior portion of the liga-

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ture, and pass it through the skin in an opposite direction, immediately above the part to be strangulated, and remove the needle." In the next place "tie as tightly as possible the two ends of the loop which includes the inferior half of the tumour, and strangulate that portion of the part to be removed. The four ends of the ligature remaining are now to be tied tightly and alternately, the one to the other, and the operation is complete. The whole mass being thus enclosed in a double circle by the ligature, both within and without, must be effectually strangulated."

The advantages said to be possessed by this method are: that it is simple and quickly performed; that it leaves less deformity than the common method; that it can be applied in situations in which other means cannot be conveniently employed; and thus the strangulation must necessarily be complete.—*Lancet*, June 14, 1845.

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Curious alteration of the Cornea in Hydrocephalus Acutus.—Dr. Stöber, of Strasburg, has observed, in several cases of hydrocephalus acutus, shortly before death, a peculiar alteration of the cornea of the eye. It consists in a semilunar yellow speck, situated at the lower margin of the cornea, without undue redness or vascularity of the eye itself. This morbid alteration gradually extended upwards, when the disease was protracted, to the centre of the cornea, and terminated in ulceration. The lamellæ of the cornea were separated by a purulent infiltration, and pushed outwards, and in this way were detached from each other by the ulceration. Dr. Stober regards this process as the consequence of the general debility. In one case, where the prostration of strength was considerable, he directed the instillation of opium drops (opiumo draáber) into the eye, and prescribed some doses of quinine, with a nourishing diet. These means were successful, and in ten days the ulceration had cicatrized.—*Med. Times*, Jan. 24, 1846, from *Bibliotkek for Laeger.*

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Treatment of indurated Tonsil Glands by Compression.—Prof. Huss has employed the following method with success. He introduces the index-finger into the mouth, and compresses the indurated gland with its extremity for several minutes at a time. This is repeated three or four times a day. After some days of this treatment, the professor states that the gland becomes softer, absorption commences, and the surface of the tonsil is evidently relaxed and wrinkled. When this condition has been attained, stimulating gargles may be employed. The author remarks that this treatment should always be tried in those cases in which excision is contemplated.—*Ranking's Retrospect*, Jan., 1846, from *Gaz. des Hôp.*

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Case of Inflammation of the Vena Porta.—The following case of this rare form of disease, recorded by Dr. Frey, of Manheim, we find translated in a late number of the *Medical Gazette.* It is to be regretted that the condition of the intestinal mucous membrane is not more fully described. There seems no source from whence so rare an affection could have arisen. Had ulceration of the intestines existed, the connection of this lesion with the appearances found in the veins would have been of interest in reference to the views recently proposed as to the origin of abscess of the liver in cases of dysentery:—

"A man, sixty-two years of age, of large form and good constitution, began to lose his health after the death of his master, to whom he had been very much attached. He first complained of loss of appetite, weariness, and depression, and feared that he was himself the subject of the same complaint (calculus) which had proved fatal to his master. He continued in this state for fifteen days, taking occasionally purgative medicine, although his bowels were not confined, and fully persuaded that he suffered from a disease in the lower part of the belly, where he experienced a sensation of heaviness: he had also pain in the epigastric region. At length he was compelled to keep his bed and apply for advice. On March 5th, his face was congested, his spirits depressed; he had not slept for some nights, and complained of slight pain in the epigastrium; he had passed two liquid dejections daily from the use of medicine; the hypogastric region was neither tense, swollen, nor tender; the tongue uniformly white, loaded, rough as the tongue of the ruminants, and dry; pulse 95, rather full and strong; anorexia; thirst. On the 7th he had an attack of chilliness, followed by heat, but without perspiration, and the pulse was more frequent, and thirst more intense. (This exacerbation was repeated on the subsequent days, sometimes in the morning,

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sometimes in the evening) His sleep was short, and disturbed by unquiet dreams, yet without delirium. On the night of the 9th he had six grayish-yellow, flaky, very fetid motions; in the morning there was evident gurgling on pressure over the region of the cæcum; the tongue remained as before, the intellect was unimpaired, the respiration natural. During the night of the 11th he passed forty motions, and twenty on the preceding day, when there was gurgling, with tenderness, over the whole abdomen, which was slightly distended; each motion was preceded by pain, yet without tenesmus; pulse more frequent, less full, small and feeble; aspect less congested. On being moved he almost fainted. On the 13th, the diarrhœa had been slightly checked; and on the morning of the 14th, the skin, for the first time, was perspirable. Aphonia afterwards supervened, with short respiration, yet without abnormal sounds; the diarrhœa again increased, so that twenty motions were passed during the night, and ten or sixteen during the day. On the morning of the 16th he was exceedingly depressed; pulse small and frequent; skin dry; intellect still unimpaired; yet, shortly after noon, the surface becoming cold and covered with a clammy sweat, and the intellect slightly disturbed; he gradually sank.

"*Autopsy.*—There was not any sign of disease in the thorax. The walls of the ascending vena cava in the region of the liver were healthy. The vessel contained a clot of blood of bluish cast, and soft; the peritoneal cavity contained a flocculent sanious secretion; the intestines were injected, and covered with soft viscid exudations: and were in places adherent to the neighbouring parts. The mesentery of the cæcum, and of the lower portion of the ilium, was thickened; its veins remained open after division, and exuded a thick, purulent, cheesy, greenish-yellow matter. In the mesentery there were deposits of the same substance, of the size of pigeons' eggs, and each communicated with the cavity of a vein. The large veins were distended with the same substance, but contained no coagulated blood; their walls were of a pale yellow, thick and lacerable. The other parts of the mesentery were free from pus, and the veins were filled with deep-red fluid blood. The trunks of the venæ portæ and the splenic veins contained a dirty-red fluid. The substance of the liver was generally healthy; but on the surface there were small cones, of the size of nuts, with their apices pointing inwards, of a dark red, and sprinkled with small purulent depôts; the branches of the vena porta were filled with a dirty reddish fluid. The spleen was of natural size, and brownish-red colour, lacerable and exsanguine. The lining membrane of the stomach was tumid, of a slate colour, and covered with mucus. The duodenum and the whole of the small intestines were injected, marbled, and tumid. The glands of Brunner were large. The large intestines were covered by a coat of epithelium and an exudation of yellow pus.

"*Remarks.*—The pus in the vena porta was arrested in the capillaries of the liver, and did not pass into the general circulation; and thus may be explained the absence of the cerebral and thoracic symptoms, which generally indicate purulent absorption. This would also account for the difficulty in the diagnosis."—*Lancet*, Nov. 15, 1845.

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Paralysis of the Portia Dura produced by Tobacco Smoking.—Mr. Smith, of Sheffield, records two cases in the *Provincial Journal*, of this affection. He attributes the paralysis to the sedative action of the tobacco smoke, and remarks that:—

"He is not aware of any case of paralysis of the portia dura on record having been attributed to the use of tobacco; nor indeed, does he remember seeing an account of any case of paralysis, which has been imputed to this cause. Still he thinks a result of this kind is quite in keeping with what we know of the physiological properties of the oil of tobacco, and is an effect which *à priori* reasoning upon them would lead us to expect. It is reasonable to suppose, that the practice of volatilizing so powerful a sedative poison, and applying its vapour to the lining membrane of the air-passages, should produce derangement of the nervous system, varying in intensity according to its greater or less dilution with atmospheric air; and that, therefore, on the nervous fibrils proceeding from the mucous membrane of the mouth, a situation where the vapour must be comparatively concentrated, the effect should be most considerable. The sedative operation of tobacco has also been found by experiment to be exerted chiefly on the motor system; and it is quite in accordance with our knowledge of the nature of reflex action, that an impression of any sort, although immediately acting, as in this case, upon a sensory nerve,

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should be conveyed through its medium to the corresponding motor nerve."—*Ibid.*

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On the Causes of Scrofula. By JOHN NICHOLSON.—The scrofulous diathesis simply consists in a more or less impoverished condition of the blood; and in proportion as this exists, so is the strumous habit manifested. This is the proximate derangement in the system; and any circumstance, or combination of events, capable of producing it, are entitled to be considered as a remote cause. Let us next inquire into the nature of these circumstances.

The symptoms of scrofula are liable to appear after an attack of any of the exanthemata, in consequence of the weakness which they produce. Improper diet has the same effect. Exposure to damp or cold produces this state of the system, by deranging all the functions of the body. Scrofula has been considered by many to depend on a morbid state of the liver and bowels; and certainly this event may be placed with great propriety among the remote causes. When these organs are not performing their ordinary duties, it is impossible that the blood can maintain its normal constitution. Nothing is worse than being placed in a confined and unhealthy atmosphere. Look at the pale and emaciated forms of those who live in the narrow and confined alleys of densely populated towns. There can be no doubt that light is essential to the animal as well as the vegetable creation; and we can only be struck with the unhealthy appearance of miners and others, who live most of their time beyond the reach of sunlight, and the liability they manifest to the different forms of scrofulous inflammation. It might be said that these are not the remote causes of scrofula, but merely the means of calling a disease into activity which was resting dormant in the system. In reply, it is only necessary to appeal to any one's experience, which will supply ample evidence of the fact, that children born of the most healthy parents are equally liable to the attack after being subjected to the debilitating influence of such like circumstances.

Another support is given to this view, by the kind of treatment which is found most successful in its cure. We employ no positive specific, but act on the suggestion of events. We correct the state of the bowels, if such is required; then we give tonics and alteratives, and the scrofulous effects are decreased or cured.

Since the humeral theory began to be somewhat revived, more attention has been paid to the fluids of the body. We now feel it our duty to use the laboratory as a means of accurate diagnosis. The blood has been analyzed in almost every disease, and much light hereby thrown upon pathology. I have subjected a vast number of specimens taken from patients in every stage of scrofula to analysis, and found it always under the standard of health. Below are twelve cases arranged in a table, to save room, which correspond to the average of all my examinations:—

	Globules.	Fibrin.	Dissolved substances in Serum.	Water.
1	101·	3·	79·5	816·5
2	98·	2·8	79·	820·2
3	98·	2·4	79·1	820·5
4	97·	3·	79·	821·
5	96·5	2·5	78.	823·
6	80·	2·3	78·7	839.
7	79·	2·	79·	840·
8	79·	2·	80·	839·
9	63·5	1·2	80·	855·3
10	64·	1·8	79·	855·2
11	65·5	1·7	78·5	854·3
12	64·	2·	79·	855·

Such is the evidence founded on chemical examination; and, aided by the microscope, we discover facts which give equal proofs of deterioration. The globules are fewer in number, appear lighter coloured and irregular. Sometimes they look as if the circumference were notched and divided.

The phenomena of struma almost invariably are presented in the form of inflammation; such as ophthalmia, inflammation of the joints or skin, &c. The view here taken of scrofula accounts satisfactorily for such an event.—*Ibid.*, from *North. Journ. Med.*, Nov.

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Adventitious Muscle.—Dr. MILLER, of Glasgow, states that he has "detected an adventitious muscle deserving the notice of the profession as lying in the space recommended by the late Sir Astley Cooper for tying the subclavian artery. Arising fleshy, and about half an inch in breadth, from the middle and superior edge of the clavicle, close to the outer edge and origin of the sterno-cleido mastoideus, its fibres were directed upwards and outwards, crossing the omohyoid, to be inserted in the upper border

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of the trapezius, two inches above the clavicle. I imagined at first it might have been a prolongation of the trapezius, but, on separating the cellular tissue, there was a distinct space of more than one inch at its origin."—*Med. Times*, Jan. 24, 1846.

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Treatment of Menorrhagia.—Dr. Dittrich, of Munich, recommends the internal use of nitrate of silver as a remedy for this troublesome and obstinate complaint, as well as for the leucorrhœa which is present during the intervals and the nervous symptoms. His prescription is

R.—Nit. argenti gr. iij.
Aquæ distill. ℥ij. solve.

Of this solution ten drops are to be taken two or three times daily, and gradually increased to fifteen drops. The author affirms, that the use of this solution, for a period of from four to six weeks, will perform a certain cure. After the lapse of about ten days, the leucorrhœa diminishes, and by the second menstrual period, the catamenial secretion is reduced to the proper quantity, and the nervous symptoms disappear. Koph has also recommended the nitrate of silver for the same disease in doses of 1-10th to 1-12th of a grain every two hours.—*Northern Journal of Med.*, Dec. 1845, from *Neues Report.*, 1845.

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Vegetable Therapeutics.—Among the latest French novelties, we find it stated, that a Dr. Robert, probably owing to a want of patients in the animal kingdom, has taken up the medical treatment of vegetables! Many diseased trees in the Champs-Elysées have been placed under the care of M. Robert, and some which had been given up have perfectly recovered under the cataplasms of this ingenious Frenchman. *On diable la Médecine va-t-elle se sécher?*—*Lond. Med. Gaz.*, Jan. 16, 1846.

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French Academy of Medicine.—Dr. Roche has been elected President for the year 1846; Dr. Begin, Vice-President; and Dr. Mélier, Secretary.

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Munificent Legacy to the Paris Hospitals.—Mad. de Lencquesaing, lately deceased at Paris, has left property to the value of 835,-060 francs to the administration of the hospitals of that city. It is intended to build one of the wings of the new hospital, Louis Philippe, with a portion of these funds, and to call it by her name. The donation is a very munificent one, but if bestowed to the injury of poor relations, it is also an unhappy one.—*Med. Times*, Jan. 31, 1846.

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Obituary Record.—Died, Dr. Alexander John Hanney, of Glasgow.

—— On the 2d of January, William Fergusson, Esq., M. D., Inspector-General of Military Hospitals, in the 73d year of his age.

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TO READERS AND CORRESPONDENTS.

In the present No. we close the Clinical Lectures of Sir Benjamin Brodie. The extraordinary favour which the two works issued in the Library Department of the News have received, has stimulated us to renewed efforts to maintain the character of our publication, and under these circumstances, we have selected for the present year the Physiological Anatomy of Messrs. Todd and Bowman. This work possesses the highest merit. One of the authors is an able physiologist, and the other a most accomplished microscopist, and the subjects treated have all been examined anew by them, and the work contains a great amount of original observations. The object of it is to give a plain and correct view of the intimate structure of the human body, and of the functions of the several parts, and, as justly remarked by a cotemporary, it contains "exactly what the student ought to know on every subject discussed in it; and the descriptions are so clear, and the illustrations so complete, as to leave nothing to wish for."

The illustrations are so numerous and beautiful that the publishers can only look to a very considerable increase of their subscription list for remuneration for the great expense which will be incurred; and we are sure that their liberality will be met by a corresponding extension of patronage.

The work will be commenced in the April No. of the News, and 24 pages will be given in each No. until complete.

We may remind subscribers that for *five dollars remitted in advance* they will receive the American Journal of the Medical Sciences, and the Medical News and Library for one year, making about 1500 closely printed pages with numerous plates and wood cuts.

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THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Clinical Lecture on Dropsy with Albuminous Urine; delivered at King's College Hospital, Dec. 9, 1845. By R. B. Todd, M. D., Prof. of Physiology in King's College, London.

Gentlemen,—I shall call your attention to-day to some cases of dropsy after scarlet fever, and continue my remarks upon the pathology of Bright's disease, or dropsy dependent on fatty kidney.

The little boy whom I mentioned in my last lecture, as suffering from dropsy after scarlet fever, is nearly well. His dropsy has disappeared, his urine much less albuminous, yet up to yesterday he continued to pass considerable quantities of lithic acid, which sunk in grains to the bottom of the vessel, giving to the urine much of that dark appearance it is wont to assume when it contains blood. I have seen several cases of this kind where the appearance so commonly noticed in bloody urine has, on examination, been found to be due to lithic acid. The application of heat and nitric acid, generally will decide the question, for if there be no albumen there can be no blood in the urine.

Within the last ten days, a boy, æt. 14, came into the hospital, universally dropsical; his skin desquamating freely after scarlet fever. The urine in this case was albuminous, smoky, and dark coloured, with a copious precipitate, of the nature of which I was uncertain until I had used the microscope, when I found that it consisted, as in the last case, almost entirely of lithic acid. The quantity of epithelial scales was greater than in healthy urine. This patient is doing well, under a diaphoretic treatment, with moderate purging.

The excretion of large quantities of lithic acid in both these instances, as well as the evidence afforded by the presence of albumen in the urine, of an hyperæmic state of kidney, denotes an irritation of that gland which it takes time to subdue. The epithelium is so freely formed as to fill up the tubes: there is, indeed, a process of desquamation on the mucous surface of the kidneys similar to that which takes place on the skin. When these particles of epithelium pass off, as they will do generally after a time, then the dropsical symptoms will subside; hence it is most important to keep up cutaneous action until the renal secretion be completely restored, lest such matters as ought to be carried off by the skin should find their way to the kidney, and the renal irritation be thereby increased. When the irritation continues unabated, all the worst consequences

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attributed to Bright's disease may occur, and the patient will die from suppressed urinary secretion, with all the effects of a retention of urea in the blood.

The following case, lately in the hospital, is one quite in point:—

A girl, 11 years of age, had an attack of scarlet fever a month before her admission into the hospital. The symptoms of the fever were ill-defined; the eruption was imperfectly developed. The attack appeared to be a mild one. She was treated as an out-patient, and seemed to get well. Just before she came to the hospital, having been exposed to cold and wet, a new set of symptoms presented themselves; and here it may be noticed, that it is in the mild forms of the disease that the dangerous sequelæ are most to be apprehended, the poison having been very imperfectly or not at all eliminated. The patient then had sore-throat, enlarged tonsils, a dry skin. The urine was scanty, smoky, and albuminous, and contained numerous scales of epithelium and grains of lithic acid. She was almost universally dropsical, and complained of headache and deafness. She was bled and purged, had diuretics, and was blistered on the back of the neck for the head symptoms. Her symptoms continued without material alteration up to the 26th of November, when she was seized with diarrhœa, which was followed by an epileptic fit: this was repeated twice. From that time she remained in a semi-comatose state for some days, when she was seized with dyspnœa, accompanied by delirium, which continued up to the time of her death. During this time her urine was very scanty, and almost entirely passed with the motions. A day or two before her death a little was obtained, and this was found to be smoky and albuminous, and to contain epithelial particles in great abundance.

Upon a post-mortem examination, the brain was found to be healthy; there was no sub-arachnoid effusion, which perhaps was due to a hyperæmic state of the brain; the liver was enlarged, and there was a copious effusion of serous fluid into both pleuræ, and recent lymph poured out upon the surface of the membrane. This pleuritic affection no doubt materially hastened her end.

In this case the kidneys were rather larger than natural, and their appearance was such that I am quite sure no one with unaided vision would have hesitated to pronounce them examples of the morbid state known as Bright's disease. They were mottled on the surface, congested here and there, pale and anæmic elsewhere. They exhibited, indeed, what some writers on the disease have described as "a remarkable mixture of hyperæmia and anæmia." The principal hyperæmia was in the tabular portion; the anæmia in the cortical substance, though in this there were also some spots of congestion. It was plain, too, that some deposit had taken place in or between the tubes.

Such was the rough anatomy of the kidneys; but I would not pronounce positively on the nature of the disease of these organs until I had examined them by the microscope. And let me here remark, that in future the interests of science demand that we should never, without this aid, attempt to decide on the nature of renal lesion. I believe that many cases have been set down for Bright's disease which were not really so, and that the real disease in a partial state has often been overlooked; and that healthy kidneys, owing to some accidental irregularity in their circulation, have been condemned as morbid. It is not long ago that, at a post-mortem inspection here, we found kidneys which had so much the appearance of Bright's disease that I could not persuade myself to view them otherwise than as examples of it; yet Dr. Johnson, on a microscopical examination of them, found not the slightest trace of disease. Hereafter, then, you must place no confidence in any report of an inspection for renal disease in which the condition of the epithelium has not been determined by the microscope.

To return to our case: the kidneys were subjected to microscopic examination both by Dr. Johnson and myself. We found a large quantity of epithelium filling up the tubes; it was healthy in character, but unusual in quantity; it clogged the tubes, compressed the portal plexuses, congested the Malpighian tufts, and cutting off the force of the heart from the renal veins, left the radicles of that system to be congested in the pyramids of Malpighi: thus explaining the appearances above described.

The paleness of the cortical substance was due to the excessive formation of epithelium; its anæmia, to compression of the portal plexus; while the occasional patches of congestion indicated the position of some Malpighian tufts in which the circulation was delayed.

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It is plain that this disease is different from Bright's disease of the kidney, as I described it to you in my last lecture, although it produces the same mechanical effects, and is accompanied by very similar constitutional phenomena. In this disease the epithelium is healthy in quality, and superabundant in quantity; but in Bright's disease it is unhealthy, being loaded with fat. I will not say that in this latter disease the epithelium is *formed* in undue quantity, but from its size and the tortuousness of the tubes, it *accumulates* in greater quantities than it ought. In both cases the same mechanical effect on the kidney is produced, and the consequence is, that in both albumen appears in the urine. At length, however, that secretion becomes diminished in quantity, urea accumulates in the blood, and then symptoms of poisoning by urea show themselves.

It may here be remarked that urea in the blood does not poison unless there be no vent for it through the kidneys. I once injected half a drachm of urea into the vein of a dog, and the only effect produced was an excessive secretion of urine. The place where the dog was kept was literally flooded in an hour or two by the frequency and quantity of his micturition. If you find abundance of urea in the blood, and little in the urine, symptoms of poisoning will soon come on, if no improvement take place.

In my former lecture I referred to cases of inflammatory dropsy, to which the attention of practitioners was long ago called by Dr. Blackall, and I stated my conviction that this disease is very similar to dropsy after scarlet fever. The kidneys in both cases are in a state of irritation; in the latter, from poison introduced; in the former, from a secretion retained.

The anatomy of the kidneys in inflammatory dropsy has yet to be investigated. I believe I can furnish a contribution to this subject; but as my examination was made a long time ago, I do not desire to attach great importance to it. You may remember I told you, in my last lecture, that I had, at one time, formed the opinion, that in Bright's disease there was an undue secretion of epithelium into the uriniferous tubes, by which they were distended and clogged. This view was founded on an examination of the kidneys in a case of dropsy with albuminous urine, which ran its course very quickly; at that time I thought the case was one of Bright's disease. I am now of opinion it was one of inflammatory dropsy.

The patient was a fine-looking young man, 25 years of age, of regular habits, and never exposed to privations. After exposure to cold, he was seized with pains in his legs and shiverings; four or five days after, swelling of the feet and ankles came on, and he became at last universally anasarcous. He had great pain in the back. His urine became scanty, smoky, and albuminous; its specific gravity was 1·015. He was under treatment for these symptoms a month without material change. He was freely bled, purged, had diuretics and occasional hot-air baths. One day he was suddenly seized with shivering and vomiting, with pain in his right side. His urine became bloody and extremely scanty. The shivering was repeated, followed with colliquative diarrhœa. The abdomen became painful and tympanitic; manifest symptoms of acute peritonitis and pleurisy set in, and he died after four days of great suffering, without any head symptom. On a post-mortem examination unequivocal signs of recent pleurisy and peritonitis appeared. The kidneys were much enlarged, and mottled on their exterior. The cortical substance was extremely pale, but presented, here and there, hyperæmic spots; the medullary portion was red and congested. On referring to my notes of the Microscopic Examination, I find it stated, that "the tubes were enlarged and filled by an abundant epithelial formation, which seemed to distend them. On making a transverse section, the dilated state of the tubes was more conspicuous, and the epithelium could be pressed out of them, leaving only their dilated walls. Several Malpighian bodies were enlarged."

Here was a state of kidney precisely similar to that of the girl who died of dropsy after scarlet fever. Large Malpighian bodies, excessive formation of epithelium in the tubes, leading to retention of urea, which was found not only in the blood, but likewise in the fluid effused into the serous cavities. It is worthy of your notice, that while the early symptoms of these two cases were very similar, the mode of death was the same—violent inflammation of serous membranes; and a question of great interest arises out of this: Is it in cases of this kind, that inflammatory affections of the pleura and other serous membranes are most apt to show themselves; cases in which the

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disease runs a short course, and in which the morbid element is quickly and almost suddenly retained in the blood?

Let me now direct your attention to the true pathology of Bright's disease. Dr. Johnson has examined forty cases of acknowledged Bright's disease. In all, the grand anatomical conditions were, an unnatural deposit of fat in the epithelial cells, deranging, by its pressure, the circulation, obliterating the vessels, and causing atrophy of the kidneys. Such a disease, then, differs from those before mentioned, both in its anatomy and in its symptoms. The true Bright's disease comes on silently and insidiously, and a patient may die of some other disease without exhibiting a single symptom of renal affection. A case of this kind fell under my own observation about two years ago. I examined the body of a gentleman who died from another disease, but who had always appeared remarkably healthy. A few days before his death his urine was discovered to be albuminous, and the kidneys were subsequently found in an early stage of Bright's disease.

In Bright's disease the entire structure of the kidneys does not become involved all at once, nor even quickly. The abnormal deposit takes place gradually; one set of tubes after another becoming affected. In the other cases, however, instead of lasting for months, or for years, from two to eight weeks appears to be the average of time occupied by the march of the disease; and in such cases the several sets of tubes, or pyramids of Ferrein, become affected all at once, or very rapidly after each other.

It is important to notice, that after exposure to cold, Bright's disease may for the first time show itself by symptoms, and prove rapidly fatal; but in such cases the fatty accumulation has been gradually forming for a long time previous. Such a condition is one of active congestion, supervening on fatty deposit. How much more serious, then, is exposure to cold, when fatty kidney is already in existence, than when the kidney has been previously healthy! The same difference seems to exist between these two cases as between the occurrence of pneumonia in a tubercular or healthy lung. The inflammatory affection is much more serious in the former than in the latter case.

The rapidity of course which dropsy from fatty kidney may run, will depend, in a great measure, on the condition and circumstances of the patient; on his manner and habits of life; on the comforts he can command; on the necessity of exposure, &c.; and so, in considering this question in reference to all classes of society, we may reasonably contrast rich and poor. The former, surrounded by comforts, and not obliged to expose himself to the inclemencies of weather, will not only have the disease for a long time without any symptom, but, soon after symptoms have appeared, he may go on for a considerable period without material change. Not so the poor man: earning his bread by his daily labour, he is frequently exposed to influences which check cutaneous action, occasion congestion of the kidney, and defective secretion by it.

An instance occurred to me last summer, which strikingly illustrated the facility with which congestion of kidneys may be induced by a sudden check to the action of the skin. I was attending a gentleman for well-marked symptoms of Bright's disease. His urine was highly albuminous, and occasionally smoky: he was also unusually anasarcous, and had some ascites. The case was going on quite favourably under the treatment adopted, and as the weather was fine and warm, I encouraged him to take exercise. One day he stood for more than half an hour at his window, with less than his usual clothing, exposed to a hot sun and a sharp, dry, east wind. Shortly after this, as he was about to leave the house for his walk, he was suddenly seized with a violent pain in the loins, which compelled him at once to go to bed. When I saw him he appeared to be suffering the most agonizing pain in the back, and extending over the abdomen, rather relieved by pressure there. He vomited frequently, and his sufferings were like those of a patient in whom a calculus is passing through the ureter. The urine now became very scanty and very smoky, almost black. Opium and topical cupping were employed to relieve the pain, which, after a short time, subsided, but it was long before the healthy secretion of urine could be re-established.

You will, then, observe that an undue accumulation of fat in the epithelial cells of the kidney is the grand anatomical character of the chronic form of dropsy with albuminous urine, or true Bright's disease; but that fatty kidney may appear to run a rapid course in consequence of the supervention of active

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hyperæmia upon an already diseased kidney, just as phthisis may appear to run a rapid course by the supervention of pneumonia, or bronchitis, though the tubercle may have been long previously deposited in the lung; and I must here remind you that, in this disease, the state of hyperæmia is always secondary, whether it be active or passive. The deposit of fat will not of itself cause a hyperæmia in the Malpighian tufts, but an anæmia of the portal plexuses; and the checking of cutaneous action by exposure to cold, will give rise to an irritated state of the kidneys, an increased attraction of blood to these organs, an active hyperæmia of them.

It is a feature of the system of pathology which has prevailed for the last twenty or thirty years, greatly enforced by the teaching of the clever but mischievous Broussais in France, that all morbid actions are preceded by more or less of congestion in the part diseased, and that the diseased state is the consequence of this abnormal afflux of blood. But it would not be difficult to show, that, in almost all instances, the afflux of blood is a consequence, and not a cause. In the disease we are now considering, this is undoubtedly the case. The slow and insidious deposit of fat is due to an alteration in the *quality*, not in the quantity of the blood; and the pressure of this upon certain parts of the vascular system of the kidney, gives rise to its congestion.

To determine the true pathology of the disease, we must, as I have before told you, look back to those circumstances which favour the formation of fat. We know well that fat is normally deposited in various parts of the body. In the kidney the deposit of fat is naturally very small in quantity; so small that its presence may be readily overlooked. In this disease we find it in abundance. Hence two questions appear to arise. 1. Why is the fat formed at all? 2. Why is it deposited in the kidney? It were premature to speculate on these points at present. We may, however, assert that the fat may be formed in two ways—first, directly from the food, and secondly, in the secondary destructive assimilating processes. One may conjecture that it might result from an abnormal association of the elements of those secondary organic compounds which are usually excreted by the kidneys; and thus its deposition in that organ may be determined. These questions, however, remain for further examination and research, and the two analogous diseases—fatty liver and fatty kidney—afford an ample field for the investigation.

In conclusion, it may be useful for me to sum up the different points to which I have been directing your attention. First, then, dropsy with albuminous urine may occur along with a healthy kidney, which, however, is mechanically congested by some obstacle to the circulation, as in cases of diseased heart; or where, in a kidney also healthy in structure, there exists disease of the blood, attended with tenuity and weakness of the blood-vessels, as in scurvy and purpura. Secondly, it may occur where the kidney is *irritated* by the poison of scarlet fever, causing excessive secretion of epithelium. Thirdly, where the kidney is *irritated* by retained urea, or by some product of the action of the skin which ought to have been excreted by that emunctory.

Fourthly, where the uriniferous tubes are filled with an abnormal deposit of fat in the epithelial cells.

A word or two on the treatment. When dropsy with albuminous urine arises from either the second or the third cause, then an antiphlogistic and eliminatory plan of treatment may be frequently pursued with advantage. I do not mean that large quantities of blood are to be taken. Patients of this third class do not bear large depletion; and this may be asserted generally of all patients labouring under maladies which are due to a poison or morbid matter in the blood. Small topical detractions of blood are what are most advisable; and only in cases where there is considerable congestion of the kidneys. It is, however, to the eliminatory part of the treatment that I would attach most importance: keep open all the emunctories to a moderate degree, but especially the skin; by promoting the action of which, you not only favour the excretion of the poison, but you relieve the kidneys.

When the disease arises from the fourth cause, the treatment must be directed to the circumstances of the case. If a patient should apply for advice quite in the early stage, then, change of air, rigid diet, and exercise, may prevent the further march of the disease; but if the later stages have arrived, then the treatment will be much the same as that advised for the second and third forms of dropsy. The patient is threatened with the accumulation of a poison in

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the blood, and the object of the practitioner should be to keep down the quantity of that deleterious agent, and keep open the channels for its removal. But in these cases you must be very careful not to deplete too much; the more you deprive the blood of its colouring matter, the more you depress its vital power, its natural actions, and the greater hold you give to any poisonous agent which may have been developed in it. You must be careful not to attribute too much importance to an azotized diet, as a remedy in the advanced stages. There can be no doubt that in the early periods it is most useful to guard against the introduction of aliments into the system which may feed the fatty deposits, or supply the blood with fat. But such a system can do little or nothing when the deposit has already taken place in large quantity: it may possibly diminish the further deposit of fat. The best general rule I can lay down on the subject of diet in these periods of the disease, is to suit the diet to the exigencies, and in some measure to the feelings and appetite of your patient, and to adapt it, as far as you can, to his powers of primary assimilation.

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Quackery in Spain.—Spain is the classic land of quacks. Its immense extent, its imperfect civilization, the unfrequency and irregularity of communications, all combine to produce this result. But more than all else, the reluctance of the people to read and the absence of a wholesome and popular current literature. The *Curandero* has an immense extent of ignorance and gullibility to practise on; and, to do him justice, he exploits it successfully. In the country villages and remote parts, there is often no regular physician or surgeon, sometimes not an apothecary; and where there is one of this latter tribe, he generally practises without scruple in all the faculties. The Curandero does the same; with this difference, that he invents his own *materia medica*, or takes it from traditional quackery and the oldest women around him.

The Curandero is of various kinds. There is a vender of orviétan, or counter-poison, who has an antidote for everything; the barber-surgeon, who like Sangrado, bleeds for everything; the Curandero Maravilloso, or Spanish Morison, who has a pill or a powder to cure everything; the Nevero, or snow vender, who makes up an imitation of snow, and vends it in vials at fairs as a remedy for aches and pains; and the Caracol Curandero, or snail doctor, who, with snails and frogs, professes to cure every inward complaint. Finally, there is the Gusano-Curandero, or worm-quack, who attacks the thousand diseases, which flesh is heir to, with decoctions or plasters of powdered reptiles; and the Saludador, who kisses the most dangerous sores and undertakes to cure them with his breath.

A Curandero, in the district of Cuenca, had perhaps the most extraordinary pharmacopœia that has ever been heard of. His name was Campillo, and his renown spread far and wide, into Castile on the one hand and into La Mancha on the other. He was endued with extraordinary eloquence, and his influence over his patients was immense. He wrought upon their imagination and enthusiasm, and was thus probably indebted to a species of natural magnetism for many of his triumphs. He was the Napoleon of quacks, and some of his cures, though nearly incredible, are well attested.

A dropsical patient, thirty years old, applied to him. He had passed through the hands of the most expert members of the faculty, and had vainly tried every recognized remedy. He was so weak as to require to be carried about. Campillo resolved in this man's case to try a most extraordinary species of allopathy. He carried him to the hospital, where a number of children were then lying and purposely infected him with small-pox! The disease was completely developed in him; his sufferings were excessive and his face and body were pitted for life. But his dropsy disappeared forever.

One would suppose that the remedy here was almost worse than the disease. Not so, however, thought the good Cuencans. Scores of dropsical and other patients flocked to him, requesting to be cured by small-pox. And Campillo records I know not how many cases, but does not say a word of those he killed. This genius had a great contempt for all ordinary sorts of plasters, whether designed for cuts, contusions or ulcers, and accordingly he invented lotions and plasters of his own. A rich proprietor wounded his leg against a tree in hunting. His ordinary surgeon applied cataplasms, composed of bread crumb, milk and saffron, to allay the inflammation. A large ulcer unfortunately ensued, the limb became swollen and acute

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pains were felt. He tried another surgeon; worse and worse. He lost his appetite and his sleep. Such was the fruit of sundry decoctions, ptisans and medicines, prescribed (said the doctors) to make his blood fluid, and correct its acrid humours. He next applied to the Cirujano-Major of the royal armies, who left nothing untried, applied the most powerful alteratives and salivated him most effectually. The ulcer, notwithstanding, became so large, that there was soon a talk of amputating the limb. Before this last resort, Campillo was applied to, and told him to pour three times a day on the limb the contents of a pint bottle with which he supplied him, rigidly enjoining him not to taste the contents of the bottle. The leg was speedily cured, and Campillo afterwards confessed that the cure was effected with common water!

But Campillo's grand remedy was oil of earth-worms! For rheumatism, gout, lumbago, and all other pains and aches, friction with this odd embrocation of the parts affected was invariably prescribed by him, and he declares with uniform success. It was thus prepared:—half fill a quart bottle with garden worms, wash repeatedly to free them from the mould, and after having wiped them well with a white linen cloth, carefully cork and bladder the mouth of the bottle. Bury it afterwards for a fortnight in a heap of manure, by the end of which time the contents of the bottle will have rotted and been converted into an oil of marvelous efficacy. Senor Campillo has written a treatise, from which the foregoing directions are extracted for the benefit of our amateur hydropathists and homœopathists. He adds with inimitable naiveté, "that the smell of this oil is somewhat disagreeable, but that the pains of gout and rheumatism appear still more so."—*Revelations of Spain* in 1845, vol. ii.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

University of Pennsylvania.—The number of medical students who matriculated for the past session, as shown by the catalogue, was 462.

Transylvania University.—The medical class the past session numbered 171; the graduating class 64.

Albany Medical College.—115 students attended the lectures during the past term, and of these, 42 received the degree of M. D. at its close.

Baltimore College of Dental Surgery.—At the annual commencement of this useful institution on the 17th of February last, the degree of D. D. S. was conferred on nine students, the largest number since the foundation of the college.

New Medical Edifice in Boston.—Arrangements are in contemplation, says report, for the speedy erection of a new and more commodious edifice for a medical college. The old Mason St. building is to be abandoned. Dr. George Parkman, of Boston, has presented a site for the new fabric, near the Massachusetts General Hospital, 60 ft. by 100 ft.—*Boston Med. and Surg. Journ.*, March 11.

FOREIGN INTELLIGENCE.

Houdbine's Vesicating Plaster.—Three parts of purified Burgundy pitch, three parts of resin elemi, three parts of oil of cantharides, six parts of yellow wax, six parts of cantharides in fine powder, six parts of sulphuric ether, one part of finely-powdered camphor.—The finely-powdered cantharides are placed in a vase, the ether poured upon them, and then left in contact for eight days. The Burgundy pitch, wax, and elemi are then melted with the oil at a gentle fire; the cantharides are added, and the mixture kept in the melted state for two hours at least, after which the powdered camphor is added.

This composition is spread on a piece of cloth waxed on one side, the plaster adhering better than when the surface on which it is spread is smooth.—*Med. Times, Pharm.* No., Sept., 1845, from *Bauchardat's Annuaire* for 1845.

Large Blisters, utility of, in combating Abscesses and Chronic Engorgements of the Iliac Fossa. (Rayer.)—M. Rayer has efficaciously treated cases of phlegmon of the iliac fossa, whether suppuration has ensued, or whether it has been prevented by energetic revulsion, by means of large blisters applied successively on the abdominal parietes.—*Ibid.*

Treatment of Buboes. (Reynaud).—1st. At the commencement, if there are well-

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marked characters of inflammation, apply leeches. 2dly. When the bubo is in a state of suppuration, apply to the centre of the point of fluctuation a blister about as large as from a sixpence to a shilling, according to the extent of the tumour; when the blister is well-formed, remove it entirely, dry the part, and place on the skin a pledget of lint dipped in a solution of one gramme of the bichloruret of mercury in thirty grammes of distilled water: a superficial eschar forms in about two hours; another pledget is requisite in a few cases, in which the eschar is not sufficiently well marked, after which the whole is covered by a large emollient poultice, and the eschar is soon detached. 3dly. When the bubo is in a state of induration, resolvent ointments, discutient plasters, and a gentle and continuous compression by means of hot bricks, are to be had recourse to.—*Ibid.*

—

Cure of the Wounds caused by Blisters. (Seidlitz).—The wounds made by blisters are generally soon healed. When suppuration takes place, M. Seidlitz covers them, after the evacuation of the serum, with a layer of wadding, as is done for the dressing of burns, and he leaves the layer so applied until the wound is entirely cured.—*Ibid.*

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Compliment to Liebig.—The title of Baron has been conferred on Professor Liebig, of Giessen, by the Grand Duke of Hesse Darmstadt.

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TO SUBSCRIBERS.

In our Prospectus (see No. 1, Jan., 1843) we stated it to be our design to present in the *Library* department of this Journal, the best work on each of the principal branches of Medical Science. In accordance with this plan we have given the admirable lectures on the *Practice of Medicine* by Dr. Watson, and on *Clinical Surgery* by Sir Benjamin Brodie; and in our No. for Dec. last, we announced that these would be followed by a manual of *Materia Medica* by Professor Royle, of King's College, London. The tardiness, however, with which this last work is passing through the press, and the requisition of the London publisher, that the portion of it which we have received shall not be issued here until the work is ready for publication in England, renders it necessary to substitute some other work for it. To do this without departing from our plan by giving a second-rate book, it became necessary to select one on a different branch of medicine. After careful consideration, the *Physiological Anatomy* of Messrs. Todd and Bowman* seemed to us to be the best suited for our purpose, both from the importance of the subject—which constitutes the true basis of all philosophical medicine—and from the great ability with which the subject has been treated by the authors. One difficulty alone presented itself, which was the very expensive character and great number of the illustrations, the first volume containing upwards of 100 wood-cuts. This was, however, promptly obviated by the liberality of our publishers, and we have now the pleasure of furnishing 24 pages of this work. The first chapter is devoted principally to preliminary matters, and affords few subjects for illustration. In the subsequent chapters the illustrations are numerous, and these will afford a better specimen of the work. We feel confident that the verdict of the profession will confirm the correctness of our judgment in selecting this work as the companion of those already given.

In consequence of the extremely favourable terms on which Todd and Bowman's Physiology will be furnished to the subscribers to the *American Journal of the Medical Sciences*, the publishers can look for remuneration for the great expense they will incur in its publication, only to a great extension of the subscription list of the Journal.

Physicians remitting *five* dollars will receive the American Journal of the Medical Sciences for 1846, and also the Medical News and Library for the same year. The last contains the conclusion of Brodie's Lectures, (commenced in Jan. No., 1845), and will embrace a considerable part of Todd and Bowman's Physiology. Those subscribers commencing with the present year who wish to complete Brodie's Lectures can obtain the portion published last year by remitting the subscription to the News for 1845, *one dollar*.

In answer to numerous inquiries we may state that the Medical News and Library will not be sent to any one who has not paid the subscription in *advance;* and that all subscriptions must commence with the Jan. No.

* The Physiological Anatomy and Physiology of Man. By Robert Bentley Todd, M. D., F. R. S., F. C. P., Physician to King's College Hospital, and Professor of Physiology in King's College. London; and William Bowman, F. R. S., Fellow of the College of Surgeons, Assistant Surgeon to King's College Hospital, and Demonstrator of Anatomy in King's College, London.

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THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Clinical Lecture on Delirium Tremens. By D. J. Corrigan, M. D., Physician to the Whitworth and Hardwick Hospitals.

I am about to direct your attention to-day, gentlemen, to a case of delirium tremens taken into the Hardwick Hospital, and I have chosen this, as I do all the cases for clinical observation, in order to illustrate points of particular interest in private practice; and here I would remark that a mistake which students frequently fall into, is that of seeking for cases of unusual occurrence, while they neglect to acquire information on matters which materially affect their subsequent success as practitioners. The case which I will read for you is not a bad one, and that is the very reason why I am anxious to direct your attention to it.

Edmund Cope, a shoemaker, admitted on the 25th of January, 1846; had enjoyed very good health, though he had indulged in an occasional debauch, but was almost entirely free from illness, with the exception of attacks of delirium tremens, of which he had eight or ten previous to the present one. For the last few months he had lived in a tolerably regular and abstemious manner, seldom exceeding a glass of spirits in the day; but on the 19th of January he left his home, and commenced a regular system of dissipation; his own expression was, "I went on a week's batter."

On Saturday evening, the 24th, he returned home, finding some of the symptoms he had experienced on so many former occasions again stealing over him, viz., pains in the head, restlessness, strange noises, bright colours, and fearful bodily shapes appearing before his eyes.

On the morning of the 25th, Sunday, he voluntarily sought for admission, presenting a wild expression of countenance; extremities shaking; head hot; eyes congested; thirst; tongue foul; abdomen hard, and somewhat tympanitic; bowels constipated; skin hot and dry; pulse 90; respiration somewhat accelerated. He complains of slight pain in the head, restlessness, and want of sleep; thinks he hears strange, unearthly voices talking of his former bad deeds; and sees fearful bodily shapes continually flitting past his bed.

Ordered a cathartic mixture and twenty-two drops of black drop at bed-time.

26th.—Felt better, and slept a little.

To have a diaphoretic mixture.

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent Gratuitously *to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for February.*

☞ *In no case will this work be sent unless the money is paid in advance. This should pay postage as one newspaper.*

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A consideration of the case before you will show that a division of the diseases in question may be advantageously made. There is a form of it termed asthenic delirium tremens, which is that to which we attach our ideas of the disease, and from which we derive our notions of the treatment adapted to it; the history we generally find to be as follows :—

A man comes under treatment, not after a few days' illness, but for a considerable time he has been subject in the morning to symptoms similar to those that follow the exhibition of large doses of opium, or of stimulants —symptoms, in fact, resembling collapse. His stomach is sick in the morning, the skin is clammy, and he is unable to collect his mind for any purpose until the accustomed stimulus is renewed. In this way he continues for an uncertain period of time, till at length vomiting sets in; he can no longer drink, and now the state of collapse, or nervous irritation, such as precedes an attack of acute disease, comes on, and obliges the patient to seek your advice. He cannot sleep; images of various kinds float before his eyes; his stomach is sick; pulse quick and weak; skin cold and clammy—a set of symptoms constituting, as I have said, a state of collapse consequent on the cessation of long-continued stimulants. Your patient is altogether in a condition in which death may occur at any moment, so that the prognosis here is exceedingly uncertain.

I have myself, in attending cases of this sort, known the patient die before I had reached the hall door, when a minute before I had seen him turn round in bed. In these cases it is necessary to give stimulants and opium; the opium, you are to remember, is given to allay irritation, and the stimulants in order to bear up the system.

Cold douching and a variety of other remedies may be used; but upon them it is not necessary to dwell, as they are sufficiently noticed in every book you meet with. There is one particular symptom observed, usually I think about the second or third day, and one which is never absent; I allude to the tremulous motion of the fibres of the tongue, not of the whole body of the organ, but of a sort of independent motion of individual fibres here and there. The same thing is seen in the orbicularis muscle of the mouth. These signs are sufficient to lead us to a knowledge of the previous history, though the patient himself should deny the circumstances. It often happens that your patient has received a wound in some way; for instance, thrusting his hand through a pane of glass. Now, if, while you are giving the opium, you watch the appearance of such a wound, and find that, instead of secreting the natural purulent discharges, the edges are reverted and red, with the surface dry, you may be assured your patient will not recover; for these indications, like those of the tongue, only being more certain, are evidences that the nutritive function is arrested, and life cannot long continue when that function is impaired to a great extent. Such, then, is a sketch of the more frequent form of the disease.

The next variety gets a similar name—delirium tremens—but we should carefully mark the distinctions between this and the first-described variety, or a fatal mistake may be made. And here I should observe, that it is the fact of thus erroneously describing under one name varieties in this disease, which has given rise to such a contrariety of opinions respecting the mode of treatment, &c., proper to be adopted in it. Dr. Lendrick, a man of great observation, first showed that the ordinary treatment, as opium and stimulants, would not do here, and that bleeding should be had recourse to. I believe, then, that two very different conditions of disease have been confounded under the same name; so you are not always to suppose, when you have got hold of a name, that you have by any means got hold of the disease.

The case I am now about to describe may be called sthenic delirium tremens. A man has been drinking for two, three, or four days, and is in a condition very different from the person who has been a long time accustomed to stimulants; there is in this man a state of irritation of the brain and nervous system only in a very trifling degree removed from actual phrenitis, and were you to give opium in such a case, it would act not as a sedative but as a continued stimulant, and you would thus be keeping up the diseased condition into which the patient had plunged himself. Remember, then, that this is a mild case, there being a certain amount of irritation, but a strong approach to positive inflammation. Gastritis is a common accompaniment of this form of delirium tremens, at least a state, like that of the brain, of approaching inflammation of the stomach, marked, as I have said, by some symptoms

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of nervous irritation, but nothing like the collapse of the former case. During the period of a general election cases of the sthenic kind are frequently met with; for instance, a man of previous abstemious habits spends two or three successive nights drinking ardent spirits, and presents himself with the symptoms I have sketched for you.

In this, the sthenic form of the disease, then, do not give opium; apply leeches to the epigastrium, and to the head, as also cold lotions; these, with rest, and small doses of mercury, are your chief remedies. When you have to some extent allayed the irritation, you may then make a slight approach to the treatment adapted to the first case, but do not commence by stimulating. Recollect that a compound form of the disease presents itself in this case.

We now come to the third division of the disease, a form of it in which very little active treatment is necessary; and I may tell you that the skill of the medical man is often most seen in his abstaining entirely from any decided treatment; good practice consists in that as much as in anything else. You must not entirely refrain, however, from giving medicine, if it were merely for the purpose of keeping in view the advantage of the impression on your patient's mind that you are making some exertion for him: and this is a point deserving your attention, for were your patient even a medical man it would be necessary to act on this principle.

A man presents himself, who has been at one time temperate, at another drinking perhaps for two or three days, and is now labouring under more or less irritation of the brain, manifested by slight attacks of delirium, and want of sleep, forming, in fact, a link between the condition already described as sthenic delirium tremens and the state of collapse. The subject of a case like this gets repeated attacks of a trifling kind; he may be, as I have just said, at one time temperate, at another—perhaps in traveling and stopping at different hotels—drinking three, four, or half a dozen days, and at length falls into a state constituting our third division: he is capable of exertion, understands what you say to him, and will speak collectively, but when left to himself, fancies strange sights hovering about him. He is neither, as I have said, in the state of the collapse of the asthenic form, nor does he betray the symptoms of cerebral derangement observed in the sthenic variety of the disease, but there is danger of the affection assuming the perfect form from the too frequent recurrence of these slight attacks of mental aberration. The patient takes little or no nourishment. This variety of the disease, then, forms as it were the centre of the balance—but let nature have the management of it; leeching will not be borne, from the previous habits of the patient, and if opium be given, so as to be followed by dryness of the tongue, great mischief is done; so do as little as possible. Give the patient as much cold air as you can, at the same time keeping his room rather dark. You may either give him ice, or very cool saline mixture, or cold chicken tea. If restlessness should still persist, you may give small doses of opium, but much of the after treatment had better be left to nature. The three divisions I have sketched for you, you will find worth recollecting; they are such, as in an ordinary exercise of observation, in practice, must force themselves upon you.—*Med. Times*, Feb. 26, 1846.

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Electrical Girl. Exposure of the Humbug.—A most impudent attempt at jugglery has lately been played off at Paris, and unhappily for the dignity of the French Academy of Sciences, that learned body has been made the scene of it. At their meeting on the 16th of Feb. last, M. Arago stated to the Academy, that "he had been called upon to witness some of the most singular phenomena which he had ever beheld, in the shape of electric discharges of the most violent character, proceeding from the person of a young girl, [Mademoiselle Cotin,] aged thirteen, lately submitted to his inspection. This truly remarkable child overturns tables and chairs by merely touching them with her apron. When she sits down, the moment her feet touch the ground the chair is upset, and she is suddenly propelled with considerable force. M. Arago said *he had seen all these experiments, and had not been able to detect any trick.*" He begged the Academy would appoint a committee to investigate the the matter.

Coming as this communication did from such high scientific authority, the Academy unfortunately entertained the proposition of M. Arago, and referred it to MM. Arago, Becquerel, Isidore Geoffroy St. Hilaire, Babinet, Roger and Pariset.

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On the 23d of February, M. A., on behalf of this committee, made the following communication:—"The Academy, on my motion, appointed a committee to examine a young girl who was reported to possess most marvelous qualities. The committee held two sittings. At the first I was unable to attend, but I can rely upon the account given me by my honourable colleagues. I have now to declare that none of the experiments made were successful—the young person did not produce any of the effects that had been announced. At the second sitting I was myself witness of the absence of the power talked of. Twenty times the pretended electrical child seated herself in a chair, and as often the chair remained in its place, without retiring, without the least movement. M. Chollet, who introduced her, attributed this want of success to intermittances which, he said, he had before observed. The following, however, are some details of other experiments:—At the Garden of Plants, on Tuesday last, the same movements of the chair were observed, as my colleagues and myself had previously ascertained to have been produced. They were seen a great number of times, and it was believed that the cause was discovered, and one of the persons present repeated them at the end of the sitting. The explanation in question reposes on the supposition of the use of one of the hands, but I am certain that, in the trials which I witnessed at the Observatory, before making my communication on Monday, the hands had nothing to do with the matter. On Wednesday last, at the second sitting of the committee, we saw nothing—for nothing was produced. We made trials with the apron, but it could not attract or repel the guéridons or tables, and we could not discover any effect whatever. There was one fact in the Mémoire of M. Tanchou about which there could not possibly be any deception. He stated that the girl, on touching the poles of a magnet, would feel a sensation of burning which would make her recognize the north pole. At the Garden of Plants this faculty was manifested; but the magnet being put into a box, the girl said she felt the burning when the south pole as well as when the north pole was touched by her, and even declared that she had the same sensation when the box was presented to her without the magnet. With regard, therefore, to this latter quality, the committee entertain no doubt. They are not, perhaps, so well convinced upon the two others. Thus to meet the excuse drawn from possible intermittances in these phenomena, two members of the committee have been to the hotel in which the girl is lodged, and they affirm that there, from 7 till 9 in the evening, the phenomena were manifested in all their force. The phenomena have not re-appeared since the sitting of Tuesday in the Garden of Plants. It appears, however, that this intermittance is not indefinite, for I have this moment received a notice that the phenomena have recommenced. I have returned for answer, that the committee will meet again, and see the girl once more on the day and at the hour that may be appointed. The committee will fulfil the duties imposed upon it to the fullest extent."

On the 9th of March a note was read on behalf of the committee, they not thinking the subject worthy of a report; which was to the following effect:—"It had been said that Mademoiselle Cottin exercised a repulsive action of great intensity on bodies of all kinds, when touched by any portion of her garments. It was even asserted that *guéridons* were overthrown by the simple contact of a silk thread in her hands. No appreciable effect of the kind manifested itself before the committee.—In the narrative communicated to the Academy, it is related that a magnetized needle, submitted to the influence of the young girl's arm, made rapid oscillations in the first instance, and finally became stationary in a direction away from the magnetic meridian. In presence of the committee, a needle, delicately suspended, experienced, under the circumstances assumed, no displacement whatever, either permanent or momentary.—M. Tanchou believed that Mademoiselle Cottin had the faculty of distinguishing the north from the south pole of a magnet, by simply touching them with her fingers. The committee satisfied itself by numerous and varied experiments that the young girl in question possesses no such faculty.—The committee need not carry further the enumeration of these abortive attempts. It will confine itself to stating further, that the only one of the phenomena announced which was realized in the presence of its members, was that of abrupt and violent movements communicated to the chairs on which the young girl sat down. Serious suspicions having arisen as to the manner in which these effects

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were produced, the committee determined to submit them to a careful examination; and openly declared that the object of its examination would be to discover the part which a secret and skillful use of the hands or feet might have in the matter. From that moment, the committee were assured that the attractive and repulsive faculty had departed, and that the members should have notice when it returned. Many days have elapsed; and the committee have had no such intimation,—although they have learnt that Mdlle. Cottin is daily produced in salons, where she repeats her experiments. Under these circumstances, the committee is of opinion that the communications transmitted to the Academy on the subject of Mdlle. Cottin should be considered as if they had never been received."

M. Arago has in this matter fully earned the censure bestowed on him by M. Majendie, who remarked to him, "the Academy regrets much the part that you have made it perform in this affair."

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Quackery.—All members of the medical profession have some idea of the vastness of the system of quackery. They come too much in contact with its fatal consequences to the public, and are too much affected by it, both in pocket and respectability, to allow of its escaping their frequent attention. Few amongst them, however, we are persuaded, bestow upon it that concentration of thought which is necessary to gain a full knowledge of its extent and workings. There are some abuses which, seen at a moderate distance, appear to be of immense size, but when minutely examined, dwindle down to moderate proportions. So is it not with quackery in medicine. The more steadily this is contemplated, the larger it grows, the more it is seen creeping through channels which at first sight seemed pure, and wearing forms of apparent legitimacy. The following is an example of the many modes in which it may be approached for examination.

One of the "patent medicine venders, perfumers, chemists, druggists, and general medical booksellers," has for some years published an annual almanac. This publication extends to 224 pages octavo, and is sold for sixpence. On every copy there must be a considerable loss, but it is only ostensibly an almanac, being, in reality, an ingenious mode of advertising quack medicines. There is an immense array of quack advertisements, not as these things generally are, appended to the end, but mixed up with the information, or proper almanac material. They have one page of intelligence for the year, and another page of quack advertisements, and if the plan does not extend throughout the whole 224 pages, they contrive to make it go as far as possible. The readers have not much choice left them, the two kinds of matter are so carefully intermixed. If the information is modestly printed, the advertisement glares with giant-type and staring wood-cuts, to catch the reader's attention. Thus you cannot look for the acts of the last session of Parliament, without being caught by "Dyson's anti-bilious pills," or an "Ophthalmic ointment." "Imports and exports" are mixed up with "Mulready's Cough Elixir," "Weights and Measures" with "Cheddon's Herbal Tonic," "Royal Genealogies" with "Snooks' Anti-bilious," and so on to the end.

Thus much for an ingenious mode of advertising the various pretences and frauds of quackery. But the *numbers* of the quack nostrums are astounding. Column after column, page after page, pass under the eye almost interminably. The mere index, which simply enumerates them, occupies upwards of twenty columns of close printing. The index of the Pharmacopœia of the College of Physicians is an infant beside it. Take number as the test, and quackery has a greater *armamentarium medicum* than is furnished to the simple practitioner by all the Pharmacopœias of all the colleges, London, Edinburgh, and Dublin together.

The titles of the different nostrums are a study. Here and there stands the name of some notorious quack, alone in his humbug, as far as name is concerned, like Holloway or Morrison; but the great number of titles are taken from the names of chemists and druggists, or living and dead medical practitioners, with a sprinkling of divines and titled ladies. * * * * * * * *

Among the names of past physicians and surgeons thus polluted, we have Armstrong, Baillie, Denman, Babington, Bateman, Fordyce, Fothergill, Garthshore, Gregory, Hooper, Huxham, Latham, Lettsom, Sydenham, and many others. The living medical names in this list connected with patent medicines or other nostrums, voluntarily or involuntarily, are —Cockle, Cory, Durlacher, Frank, Halse, Locock, Sir James Murray, Nas-

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MYTH, and WRAY. The names of LOCOCK and NASMYTH, here assumed, are evident forgeries. For the rest, we here merely mention the simple fact of their appearance, reserving this branch of the subject for another occasion.

Besides the medical names shining as titles, a professional air is given to the whole subject by quotations of letters "from an eminent surgeon," "from an eminent London physician," without, of course, in the majority of instances, either name or date. When names are given, it is generally from the late Dr. Saunders, or from some ordinary name to which it is quite safe to add a medical title. "Cheddon's herbal tonic pills" are rich in this respect. Dr. BELL's and Dr. BROWN's are safe names to give; but imagine the impudence which could print the following as a letter "from the late Dr. DARWALL, of Birmingham."

"April 10th, 1833.—Dear Sir,—I have for several months been prescribing your pills in all cases of scrofula and scorbutic affections, with the greatest possible success. As these complaints are greatly upon the increase, there being scarcely a family free from them, I consider your medicine the most valuable ever discovered. I have also prescribed them in gout and rheumatism, as well as other complaints, in which I found them equally successful.—Believe me, dear sir, yours very sincerely,

"JOHN DARWALL, M.D."

"To C. S. CHEDDON, Esq."

The inference we wish to draw from all this is, that quackery is of itself weak, that it could not exist in its present rampant state if all the overt and covert assistance it obtains from medical men and medical names was entirely withdrawn. The names of dead men, however eminent, would be of little use unless they were indorsed by the living. The great mass who swallow quack medicines do so under the full impression that the medical profession in their hearts know them to be beneficial, and are only withheld by form and self-interest from avowing it openly. The great supporters, and, indeed, creators of this morbid form of public opinion, are those who thoughtlessly or intentionally give quack or pseudo-quack preparations their testimonials of efficacy; those who allow quacks to forge their names to lying documents to any extent without let or hindrance; and, above all, those unworthy members who actually are so lost to self and professional respect as to become the proprietors of patent medicines, or secret remedies, or who in any way issue their medicines in company with the lowest quack nostrums. Each of these divisions of the medical support, or countenance, of quackery, we shall have rigidly to dissect before we come to the naked thing itself. * *

Will the medical profession quietly continue poor, and let others batten upon their rights in this manner?

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Philadelphia Medical Society.—Delegates to the National Convention.—The following gentlemen have been elected delegates to represent the Society in the National Medical Convention to be held in New York on the first Tuesday in May, viz:—Drs. J. Bell, H. Bond, G. W. Norris, I. Hays, G. Emerson, I. Parrish, J. Warrington, J. R. Paul, C. Morris, F. West, A. Stillé, and M. Clymer.

Medical Graduates in St. Louis.—At the recent annual commencements of the Medical Departments of the University of Missouri and of the St. Louis University, the former graduated twenty-nine, and the latter eleven young gentlemen.—*St. Louis Med. and Surg. Journ.*, April.

Ellis's Medical Formulary—Correction.—The publishers of this work respectfully request those persons who have the seventh edition, to correct a typographical error for the "*medicated hydrocyanate of potassium*" at page 83; wherein the symbol for an ounce is used in place of that for a drachm. The following is the correct prescription, and corresponds with the proportions directed in all the previous editions of the work. ℞—Potassii hydrocyanici medicati ʒj; aquæ distillatæ Oj; sacchari purificati ℥iss. Fiat solutio. Dose, a tablespoonful, night and morning.

Carpenter's Elements of Physiology.—A new work on Physiology, by Dr. Carpenter, has just been issued by Messrs. Lea and Blanchard. It is an elementary treatise, designed for the use of students, and is most admirably adapted for the purpose. The illustrations are beautiful, and very numerous, extending to 180 figures.

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They have also published Kirby and Spence's Entomology, with plates, plain or coloured.

In a few days will be ready Dr. Clymer's work on Fevers.

FOREIGN INTELLIGENCE.

Instinct of Animals.—"Many thousand dogs in a state of *feræ naturæ* prowl through the streets of all the great towns of Spain, acting in fact as the only effectual scavengers, and removing with great gusto into their own stomachs, offal, which the laziness of the inhabitants would leave, perhaps, in the streets to inevitable putrescence.

"It is nearly incredible, yet I am a personal witness to the fact, that the instinct of these animals attained to such a pitch of exquisite sagacity, that, finding a few of their numbers to die from poisoned meats administered at night, they fled in troops out of Madrid every evening, and entered the city in the morning the moment the gates were opened. They thus out-generaled the municipality, who had determined to exterminate them."—*Revelations of Spain in* 1845, vol. 2.

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Smuggling of Leeches into Spain.—Senor Sanguijuela, let me call him, imported his own supplies from Tangier by way of Gibraltar. I met him on board a steamer from that place to Cadiz. He was very communicative, and when I cut him short with a "But where the *diablo* are the leeches?" "Why look you, Don Fulano!" he replied, unstrapping an enormous handkerchief which was swathed round his waist next the skin. The handkerchief was streaming with water to keep the leeches alive, and had at least two thousand coiled within its folds.

The application of leeches is here (in Spain) a separate profession, and the surgeon or apothecary will not meddle with such things, but refers you to him whose *specialité* it is. Every town has its two or three shops for the sale of leeches.—*Ibid.*

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Medical Profession in Spain.—In Spain, the eminent members of the medical and surgical professions almost invariably belong to both faculties, and practise in both. Their universities place surgery now in the same rank with medicine; nearly the same preliminary education is required to qualify for both, and in each faculty the same degrees are taken. There are still pure physicians and pure surgeons, but in most cases they are united. The old gradations are rigidly adhered to, and there is a regular series of bachelors, licentiates and doctors, in medicine and surgery, as well as in divinity, law and philosophy. A certain amount of university education, or of general education in colleges qualified to confer degrees, is a requisite preliminary to graduation in either faculty.

Many reforms have been attempted in the schools of medicine, with but little success. The object of these is to extricate the profession from the inadequate consideration, in which it is unfortunately held in Spain; the true cause of which is, that the fees are so wretchedly low as to present neither a prize nor an encouragement. Hence, most inevitably, an inferior order of practitioners. How could it be otherwise, when you are attended at a shilling or two a visit?

There are two descriptions of medical attendants in Spain, as in other countries, the ordinary or family physician and the physician called in to hold a consultation in cases of emergency. The former is styled the "bolster physician;" the latter, the "doctor of appeal."—*Ibid.*

—

Sulphurous Baths.—A letter was read to the French Academy of Sciences on the 26th of January last, from Dr. Lallemand, who is with Ibrahim Pacha, and in which, after giving a satisfactory account of the health of his patient, he speaks of the beneficial results arising from a new mode of employing sulphurous waters, resorted to at the baths of Vernet. Nowhere, says Dr. Lallemand, have the thermal waters been administered in winter, even in the most favoured localities as to climate, and yet the winter is the season in which it is most necessary to combat the maladies for which they are useful, as the patients then suffer most acutely, and relapses are more frequent. In order to be able with perfect safety to administer the thermal waters in winter, the entire establishment must be kept at an invariable temperature of twenty degrees centigrade, and this cannot be done by stoves or open fireplaces, which require a current of air and are irregular in their action. The effect may indeed be produced by steam-pipes, but this is a very expensive system. The only certain, and at the same time economical, means is the water of the baths themselves; and this is quite practicable when the spring at

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its source has a heat of at least sixty degrees centigrade, is very abundant, and is brought to a height greater than that of the building itself, so that the water may circulate freely through every part of it. The thermal establishment must also be in a temperate climate. Dr. Lallemand then proceeds to speak of the well-known powers of sulphurous waters in old affections of the lungs; but states that hitherto the attempts to place them in direct contact with the lungs by inhalation through tubes have been attended with painful effects to the patient. To obviate this evil, Dr. Lallemand makes his patients inhale in the natural way the atmosphere of these waters. The patient is placed in a large room fitted up for the purpose so that the water may arrive from below and fall from the top, and be at a regular temperature of from eighteen to twenty degrees. At first the patient can bear this only one or two hours, but by degrees he is habituated to the atmosphere, and can remain twelve hours without inconvenience. In a very few days, adds the doctor, the patient experiences decided benefit, and eventually radical cures are performed. He asserts that there are at this moment, at Vernet, several consumptive patients who were cured there a few years ago, but who, as a measure of precaution against the return of the disease, pass the most rigorous portion of the winter at the establishment. Dr. Lallemand affirms that he is speaking of well-authenticated cases of tubercular disease, some of which had reached the third stage, which, under ordinary circumstances, is fatal.—*Athenæum.*

—

Action of Sugar on the Teeth.—From researches made on this subject, M. Larrey has come to the following conclusions:—

1. Refined cane, or beet-root sugar, is prejudicial to the teeth more from its direct contact than from the evolution of gaseous matter during digestion.

2. If a tooth be allowed to macerate in a saturated solution of sugar, it is so decomposed as to acquire almost a gelatinous character, while the enamel becomes opaque and spongy, and crumbles down under the slightest pressure. Sugar ought not, therefore, to enter into the composition of tooth-powder.

3. The erosion of the teeth by this substance does not depend on an acid, for none is present in sugar; but on the affinity which this organic principle has to enter into combination with the calcareous base of the tooth.

4. If the enamel be less attacked than the osseous part of the tooth, the reason is that it contains fluoride of calcium, a body which resists chemical agency even more than the sulphate of lime.—*Lond. Med. Gaz.*, July, 1845.

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Treatment of Scabies.—Mr. Stiff asserts that he has cured more than 40 cases of itch by inunction with simple lard, unaided by any other treatment.—*Med. Times*, July 26.

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Nævus Maternus.—Mr. Harvey describes, in a late No. of the *London Medical Gazette*, a singular mark which he found round part of the neck of a newly-born child, which appeared as if strangulation by a cord had been attempted. He asks, if this had been a secret or sudden and unassisted delivery, if a coroner's jury would not have unhesitatingly pronounced it a case of infanticide.

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Election of a Professor of Anatomy in the Faculty of Medicine of Paris.—After a brilliant concours, Dr. Denonvilliers has been elected to fill the chair of anatomy, vacated by the death of Brechet.

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Obituary Record.—Died, at Rouen, after a long and painful illness, M. Flaubert, surgeon-in-chief to the Hôtel-Dieu of that city, and one of the most distinguished surgeons of France, aged 61 years. It is contemplated to erect a statue to his memory.

——, at Paris, Dr. De Lens, formerly inspector-general of the University, and one of the authors of the Dictionnaire Universel de Matière Médicale et de Thérapeutique Générale.

——, at London, in the 82d year of his age, Joseph Constantine Carpue, formerly a very successful and distinguished teacher of anatomy, and an eminent surgeon.

——, at Berlin, on the 11th Jan. last, Dr. Sachs, editor of the Allgemeine Medicinische Central Zeitung.

——, at Naples, Prof. Antonio Nanula, aged 66. He was the founder of the fine collection of Pathological Anatomy belonging to the University of Naples.

——, suddenly, at Paris, J. J. Virey, M. D., aged 71 years; one of the most distinguished naturalists of France, and a very voluminous writer.

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THE MEDICAL NEWS AND LIBRARY.

VOL. IV. JUNE, 1846. No. 42.

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TODD & BOWMAN'S PHYSIOLOGY. - TWENTY-FOUR PAGES.

CLINICS.

Clinical Lecture on the diagnosis of Meningitis, and on the pathology of Chronic Hydrocephalus, delivered at Hôpital Neckar. By Prof. Trousseau.

We will now turn to the consideration of some important points of the diagnosis of meningitis in children. Let us begin by narrating rapidly the cases of two little patients at present in our wards. One, aged three years, admitted on Sunday, had been previously perfectly healthy, and up to Saturday last had presented no sign whatever of illness. On Saturday evening he was suddenly attacked with convulsions, and sank into a state of stupor. Was this stupor to be referred to meningitis or to idiopathic convulsions? No spontaneous vomiting had taken place. The pressure of the finger produced, however, very readily persisting stains on the skin of the chest. Meningitis was diagnosed, and the symptoms which have since appeared fully confirm that diagnosis. The stupor has increased, and the respiration presents a characteristic sign, towards which I beg to direct, very particularly, your attention. Three and four rapid inspirations follow each other, and are immediately succeeded with six, eight, or nine seconds of absolute repose of the chest, during which the child does not breathe. This interruption of the respiration, which I have observed to last *fifty-seven seconds* in one case, occurs only in meningitis. The state of the pulse in most diseases is always in harmony with the respiration, the pulse generally being in acute disorders four times as frequent as the respiration, so that by counting the one, you may, in most instances, form an accurate estimate of the other; not so in meningitis. In one child I counted only *three* inspirations in one minute, and yet the pulse beat 200 times. In the infant who is at present under observation, the pulse marks 214. This ataxic state of the functions in meningitis is truly remarkable. You will also notice that, although this child has taken no food for three days, still he has not fallen away.

The other child was twenty-three months old; he had been ill two months, suffering from loss of spirits, feverishness, and cough—the prodromic signs attributed by Dr. Rilliet to meningitis—the child's liver was very large, descending as low as the pubes. Diarrhœa also existed for two months, and, having ceased four days ago, the child be-

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came affected with convulsions and stupor, and next morning his arms, feet, and legs were œdematous. Is it not evident that the symptoms observed during the eight weeks which preceded admission, were those of a tubercular diathesis, and not the premonitory signs of encephalic inflammation? On Sunday, for the first time, spontaneous vomiting took place, and on Monday morning we produced the meningitic stain by pressure on the legs and arms, but we failed in obtaining it on the chest and head. The pupils were much dilated, and paralysis of the levator muscle of the eyelid existed; under the circumstances we asserted the presence of meningitis, and the child having died yesterday (Thursday), we now present to you the anatomical proof of the accuracy of our diagnosis. The membranes at the basis of the brain are thickened and opaline; tubercular granulations are present; the lungs are filled with strumous collections, and the liver is in a fatty state of degeneration. In order to test the value of the macula meningitica, we have tried to produce it in the twenty-two infants at present in our wards, under treatment for various complaints, and although we pressed forty times the skin of those we do not suspect to be affected with meningitis, we failed in producing anything but an *evanescent* redness—whereas one or two applications of the finger were amply sufficient to produce a *persisting* stain in the case of meningitis, in whom, besides a considerable degree of sensibility, may be noticed, contact appearing to produce in them pain, expressed by distortion of the features and a faint cry.

In one of the cases of meningitis to which we have just directed your attention, you observed that although the child lived twelve days without taking a single particle of food, he did not grow thin. This is a very remarkable peculiarity of acute cerebral affection of infants. You are aware of the extreme rapidity with which an infant loses flesh in acute pulmonary and abdominal diseases; and the exception to be made in this respect in favour of brain-fever becomes, therefore, in doubtful cases, a useful element of diagnosis. Some days since, I was called upon to visit a child, aged five years, who was suffering from sickness and vomiting. The pulse was quick; the skin hot; the eyes bright; and the outward appearance much agitated. The little patient had, besides, a slight cough, but no stethoscopic sign indicated thoracic disease. All these symptoms might have, therefore, induced us to admit the presence of meningitis, had not the malady lasted three days, during which the child had certainly lost flesh; founding our negative diagnosis on this symptom, we asserted that brain-fever or meningitis did not exist, and the next morning we succeeded in finding in the lung the physical signs of pneumonia. There is something truly remarkable, gentlemen, in this fact of the preservation of embonpoint in meningitis. We do not well see how it can be reconciled with a pulse maintaining itself at 200, for eight or ten days, and with the total absence of food. It is only one proof more of the rupture of the connecting link of the various functions in acute meningitis.

Chronic Hydrocephalus.—You have seen in the wards a large flabby infant, aged five months, presenting the outward appearances of health, and affected to a considerable extent with chronic hydrocephalus. The effusion of serum in the ventricular cavities is evidently very abundant; the skin of the head is dragged, and displaced by distension to that degree that the brows are carried much above the orbit, whilst the eyeball is concealed in a great measure under the inferior eyelid. We are about trying active treatment in this case, and will, therefore, make some few remarks on the pathology of this generally fatal disease.

What is chronic hydrocephalus?—it is probably a modification of the nutrition of the ventricles of the brain, by which their secreting powers are increased, inflammation having, according to all probability, little or nothing to do with the production of the complaint. We have observed lately a case which would lead us to divide the subject into external and internal hydrocephalus. A child was brought to hospital with an immense accumulation of serum under the pericranium, the bones being perfectly solid and well united. Other cases of a similar nature have been recorded, and they present at first sight some analogy of appearance with internal hydrocephalus, from which they must be carefully distinguished. The origin of these external cysts it is not very difficult to trace; for the most part they are due to fresh irritation having set in, in the cysts of cephalæmatoma, a fact observed frequently in the hematic cysts of the breast and ovary. Internal hydrocephalus appears to be only the exaggeration of a natural se-

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cretion; but almost all the cases die of apoplectic or epileptic accidents—of meningitis, and sometimes of rupture of the basis of the cranium from extreme distension. It is very important to distinguish hydrocephalus from macrocephalia (Heaven forgive us the word), or exaggerated development of the brain. You will observe in rickety children the head to be very large, and the intellect well developed; the degree of intelligence does not permit us to believe that in such cases the increased size is due to the presence of water, and post-mortem examination has in no instance of the kind shown any cephalic alteration. We conceive that the development of the brain beyond its usual size is here due to the softened condition of the bones, observable in those of the skull, as well as in the limbs. The diagnosis between what I am compelled, notwithstanding my distaste for new words, to call macrocephalia, and hydrocephalus, rests chiefly upon two points—the age of the child, and the state of his osseous system. Hydrocephalus is a disease of the very first infancy, and is seldom if ever observed to begin after the fifth or sixth month of life; the limbs are straight, and the bones healthy; in exaggerated development of the brain, on the contrary, the malady never is observed before the second year, because that is also the period at which rickets are found to begin; a coincidence amply demonstrated by inspection of the limbs. The prognosis of hydrocephalus is always a sad one; and the treatment proposed against it, although extremely varied, has been constantly unsuccessful. Calomel in small doses, blisters to the head, tincture of iodine externally, purgatives, diuretics, all the various instruments of therapeutics, have been tried in their turn, and all have proved equally unavailable. Puncture of the membranes has been frequently essayed; in some cases it has been repeated two, three, and four times, without any other result than that of prolonging life for some few months. Compression also has been recommended, but requires much prudence in its application; in proof of this assertion I will only record one instance:—I was consulted some time since for a case of chronic hydrocephalus, and compression was the plan I advocated. Straps of adhesive plaster were fixed round the head, and we were rejoiced to find, after one month, that the head had not increased in size. Some days later, the child lost through his nose an immense quantity of serum, and died suddenly. The bones at the base of the skull had been disarticulated by the water, which had met with an unyielding resistance in the strips of plaster. This fact has rendered us very circumspect in the employment of compression in such cases, and we use it only with great caution. In the patient at present in the wards, we will combine its use with the cap-plaster (*emplâtre à la calotte*), from the resolutive properties of which we may obtain some benefit. This plaster is composed of white and black pitch, vinegar, and flour. No salts of copper are contained in the plaster used in hospital. We conceive that these local applications will be assisted in their action by the exhibition of a strong infusion of digitalis, and of one-tenth of a grain of calomel, daily.—*Med. Times*, April 25, and May 2.

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Insanity and Quackery.—Who can expect that imposture and quackery will meet the proper punishment of their sins, when such insane puffs as the following, extracted from the advertising columns of *The Times*, of Jan. 17th, are allowed space in influential public journals? How extravagant is the reliance which the quacks place on the gullibility of the English public, when such an absurdity is expected to find geese amongst them for its authors to pluck.—*Lancet*, March 7, 1846.

"The Ackerleian Purification of the Bones, as liquifying the chilled marrow by flame-light electricity, causing reflow of joint-oil lubrication, for stiffened joints, ossific gout, rheumatism, cancer'os' and ulcer'os' contractions, without confinement or alteration of diet. Sun-like expanding, as in plant animal physiology, the nervous fibrils—these respirative tubes being incorporeal for aireal circulation, giving cartilagen'os' expansion for sleep.—5, S—— street, Piccadilly. Consultations 6 to 8 A. M., and 11 to 1 P. M."

Difference between the treatment of Legal and Medical Quacks in England.—A man named Latham was charged with having obtained money under false pretences. It appeared that the prisoner was consulted by a poor person respecting the best method of re-obtaining goods upon which a distress had been levied. He represented himself as a lawyer, took a fee, and of course failed in

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his engagement. There were several charges of a similar character against him. In the defence, it was urged that the prisoner had been clerk to an attorney. The jury returned a verdict of guilty, and the prisoner was sentenced to be transported for seven years!

Had this been a medical case, *i. e.*, an extortion of money by an unlicensed person on the pretence of his undertaking to cure a disease, which it was utterly out of his power to accomplish, the result would probably have been very different. Indeed, if such cases became the subjects of indictments, the Borough Courts and every other available court in the kingdom, would, we believe, become inconveniently crowded with complainants. Whence arises the difference? Is legal quackery so much more injurious to society than medical quackery?—Is it a more serious wrong to an individual that he should lose 1*l.* 17*s.* 6*d.* in goods and chattels by employing a sham lawyer, or that he should lose a wife or a child by employing a sham doctor, totally ignorant of the art of which he represents himself to be a practitioner? All that can be said is, lawyers are the parties who substantially legislate and adjudicate in both cases; and an *esprit de metier* probably forbids them to entertain the supposition, that medical quackery can constitute that grievous crime against society which the punishment in this case shows legal quackery to be. The Recorder, in summing up, observed, "that the charge against the prisoner was one of a most serious nature," &c. The editor of the Law Times in commenting upon it says, "The evidence in this case proves that the race of sham lawyers is a serious public evil. *They plunder the poor and ignorant.* The mischiefs to the profession are trifling, compared with the injury they inflict upon society; so that their suppression is really a public duty." Will not these remarks apply with tenfold force to sham doctors?—*Lond. Med. Gaz.*, April, 1846.

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On the necessity for a test of competency before a person is allowed to practice Law or Physic.—There are certain important matters upon which men are compelled to rely upon the knowledge of other men, which knowledge they cannot measure because they have it not themselves, and a pretender to which might do irreparable mischief to body or estate, before the employer could possibly ascertain his incapacity. If, for instance, a tailor be engaged to make a coat, let him be ever so ignorant of his art, the worst that can happen is the spoiling of a few yards of cloth, and the customer would prevent further damage by resorting to some abler craftsman. But if a surgeon or an attorney be employed without some guarantee for knowledge of his duties, the mischievous consequences of his ignorance may not be discovered until life was sacrificed in the one case, or property in the other. Therefore, to *protect the public* against the evils of ignorance, which each individual could not possibly ascertain for himself, the ordeal of an examination, previously to permission given to practise these professions, has been wisely established; the public testimonial of fitness thus relieving each member of the public from the difficulty of instituting an inquiry for his own satisfaction, before he resorts to a professor of medicine or of law.—*Law Times*, Feb. 14.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

National Medical Convention.—The delegates appointed by various medical societies and colleges in the United States, in pursuance to the call of the New York State Medical Society, assembled in New York, at the College of the University of the City of N. York, on Tuesday, May 5th. About one hundred delegates presented their credentials and were admitted to seats in the Convention. Seventeen states were represented. The session continued for two days. The deliberations of the convention were conducted with great harmony,—disturbed indeed only, we think we may say, by the feelings excited by the course of the delegates from the faculty of the University of the City of New York, who endeavoured *in limine* to dissolve the convention, by a motion to adjourn *sine die*,—and the principal resolutions were adopted with entire unanimity.

The convention was organized by the appointment of the following officers:

President, Dr. J. Knight, of New Haven.

Vice Presidents, Dr. Delafield, of New York, and Dr. Bell, of Philadelphia.

Secretaries, Dr. Arnold, of Savannah, and Dr. Stille, of Philadelphia.

The following resolutions were unanimously adopted:

Whereas, It has been shown, by experience, that the association of persons engaged

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in the same pursuit, facilitates the attainment of their common objects; therefore,

Resolved, That it is expedient for the medical profession of the United States to institute a National Medical Association, for the protection of their interests, for the maintenance of their honour and respectability, for the advancement of their knowledge, and the extension of their usefulness.

Resolved, That a committee of seven be appointed to report a plan of organization for such an association, at the meeting to be held in Philadelphia on the first Wednesday in May, 1847.

Resolved, That a committee of seven be appointed to prepare and issue an address to the different regularly organized societies and chartered medical schools in the United States, setting forth the objects of the National Medical Association, and inviting them to send delegates to a Convention to be held in Philadelphia on on the first Wednesday in May, 1847.

Resolved, That it is desirable that a uniform and elevated standard of requirements for the degree of M. D., should be adopted by all the medical schools in the United States, and that a committee of seven be appointed to report on this subject at the meeting to be held in Philadelphia on the first Wednesday in May, 1847.

Resolved, That it is desirable that young men, before being received as students of medicine, should have acquired a suitable preliminary education, and that a committee of seven be appointed to report on the standard of acquirement which should be exacted of such young men, and to report at the meeting to be held on the first Wednesday in May, 1847.

Resolved, That it is expedient that the medical profession in the United States should be governed by the same code of medical ethics, and that a committee of seven be appointed to report a code for that purpose at the meeting to be held at Philadelphia on the first Wednesday in May, 1847.

The following resolution was offered, and was referred to a committee of seven to report next year:

Resolved, That the union of the business of teaching and licensing, in the same hands, is wrong in principle, and liable to great abuse in practice. Instead of conferring the right to license on medical colleges, and state and county medical societies, it should be restricted to one board in each state, composed in a fair proportion of representation from the medical colleges and profession at large, the pay for whose services as examiner, should in no case depend upon the number licensed by them.

Resolutions were also offered and adopted for the appointment of a committee to urge upon the various state governments the propriety and necessity of a uniform, simple and regular system of registration of births, marriages and deaths; and for the appointment of a committee to prepare a regular and uniform nomenclature of diseases, for the guidance of officers in the report and registration of deaths under the several diseases to which they are attributed.

The convention will meet next year in Philadelphia.

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Suit for an alleged Libel.—At a convenient period, we shall give some account of a suit brought by Dr. T. J. Vaiden, of Alabama, against Dr. I. Hays, of Philadelphia, for an alleged libel contained in a review by the latter, in the No. of this Journal for July, 1844, of a pamphlet written by the former. In the meanwhile, that the profession may know the result, we copy the following paragraph from our cotemporary, the *Bulletin of Medical Science*, (May, 1846,) and must take this opportunity to tender to its editor our acknowledgments for the complimentary manner in which he notices the efforts made on our pages to unmask and expose the devices of charlatans, and to protect the profession and the public from the most monstrous evil of the day—quackery.

"Touching the misdeeds of 'those unworthy members who actually are so lost to self and professional respect, as to become the proprietors of patent medicines or secret remedies,' we shall have something specific to say ere long. In the meantime, and until we can give an official account of the trial, we must not let the present opportunity pass without recording the obligations under which the profession lies to Dr. Hays, so long and advantageously known throughout the Union, as the able conductor of the American Journal of Medical Sciences, for his continued exposure of quackery and medical delusions, in the Medical News, of which, also, he is editor. In the discharge of his duty, in this way, he had occasion to animadvert, with point and pungency, on the strange and empirical proceedings of a

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medical practitioner of Alabama, who, save the mark, is a graduate, also, of the University of Pennsylvania. This individual, smarting under the infliction of wholesome criticism, in a sudden fit of dignity, and sensitiveness to professional reputation, brought suit in one of our courts against Dr. Hays, for libel. The case was argued ably by counsel on both sides; and after a charge from the judge, sustaining entirely the defendant, Dr. Hays, the jury gave a verdict accordingly; and, thus, both by judicial exposition of law and popular opinion from the jury-box, the cause of sound ethics, and of philosophical medicine, is, for the nonce at least, clearly sustained."

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The Credit System in Medical Schools.—[The following remarks on this subject from the *Western Lancet* (May, 1846), are wholly just, and we rejoice to learn that the Transylvania School has determined to abolish the credit system, and unite in the hope that the schools will follow the example.]

We are fully satisfied that an influence extremely detrimental to the profession, has grown out of the custom of granting credit in medical schools. The object in adopting this course is, to secure a large class, perhaps for the purpose of out-numbering a rival school; and the consequence is, that all who present themselves, wholly irrespective of merit or qualifications, are duly enrolled as medical students, and their names go out to the world swelling the catalogue of some highly flourishing school. The success of such pupils operates as an incentive to others to engage in the study, seeing that it is so cheap; and many a one who either has no occupation, or who may be too indolent to follow a mechanical pursuit, forthwith doffs his humbler business, and unites in swelling the Æsculapian throng. In this way the profession becomes thronged with practitioners, of every grade, and all parties, even those favoured with the gratuity, are ultimately injured. It is true, some meritorious men will be found unable to pay; but there can be no doubt, that the indiscriminate admission of pupils into medical schools is not only an act of injustice to those who do pay, but also tends directly to degrade the profession. We are gratified, therefore, to state, that Transylvania Medical School has determined, by formal resolution, to abolish, *entirely*, the credit system; and these resolutions will be strictly adhered to. We hope all other schools will manifest a similar regard for the interests of the profession, and follow an example so worthy of imitation.

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Association of Medical Superintendents of American Institutions for the Insane.—The second meeting of this association was held at Washington on Monday, May 11th. Nearly every hospital and asylum for the insane in the United States is said to have been represented.

FOREIGN INTELLIGENCE.

Schoenlein on the state of the Fluids in Acute Rheumatism.—In rheumatism not only the urine, but other secretions, also, as the perspiration, and even the matter of an abscess or ulcer, are found to contain an excess of acid matter. In one of Schoenlein's patients, the surface of an ulcer was observed to be covered with a layer of genuine crystaline matter during the course of one night. We have good reason, therefore, to believe that lithic acid exists in the blood; for we know that it is present in much greater quantity than usual in the urine, and also in the matter of perspiration; it has also been found in the contents of rheumatic abscesses. —*Med. Chir. Review.*

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Application of Leeches.—The following method of facilitating the application of leeches is recommended by Dr. Reim. Let the leeches be put into a bottle filled with good fresh beer, leaving them there until they seem to become lively. After they have been allowed to remain in this state for a few seconds, withdraw them from the liquid and immediately apply them. The process is almost infallible; even very feeble leeches, and which have lately been used, fasten as well as if they were employed for the first time.—*Gaz. Méd. de Paris.*

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New method of preparing Lactate of Iron.—M. Lepage recommends the following process as more expeditious and as yielding more satisfactory results than the old method. Lactate of iron 100 parts; boiling water 500 parts; dissolve and filter.

Next dissolve 68 parts of pure crystalized sulphate of iron, in 500 parts of distilled water, and filter. Mix the two solutions in a flask, and slightly acidulate the liquid with lactic acid. The decomposition may be aided by a gentle heat, and when this is ac-

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complished, the liquid may be filtered to separate the sulphate of lime, and afterwards rapidly evaporated in an iron or porcelain vessel. If the latter be used, some iron filings must be added. When its bulk is reduced one half, it may be again filtered and allowed to crystalize. The mother-water decanted and carefully evaporated, will yield a fresh crop of crystals. The crystals may be collected on a funnel, washed with a little alcohol, and dried on blotting paper. The salt thus obtained is quite white, and its solution in distilled water is not affected either by nitrate of barytes or oxalate of ammonia.—*Gaz. Médicale*, Feb. 1846.

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Medicine in China.—In the summer of 1716, there was a great deal of illness at Je-hol, and the emperor became apprehensive that it might be the plague. He therefore ordered all the physicians at his court to visit the sick singly, and to draw up a separate report of each case, pointing out the remedies required. All the Europeans at Je-hol, as well as two lamas, who had the reputation of being well acquainted with the medical science, received the same command from his majesty. We all went our rounds; but we Europeans, not being physicians, refused to prescribe remedies. The mandarins, however, insisted on our conforming to the imperial will; and when my turn came, after vainly protesting my ignorance of medicine, I allowed the words to escape me that I knew what to prescribe for those suffering from costiveness. Upon this, they pressed me eagerly to name the remedy; and I told them of a mechanical one, which, on being explained to the emperor, amused his imperial majesty amazingly. What rather astonished me on this occasion was, to hear the two lamas talk, with clearness and propriety, about the circulation of the blood, and the animalcules engendered when it is impaired.—*From Father Ripa's Residence at the Court of Pekin.*

—

Vegetable and Animal Food.—We learn from a late No. of the *Gazette Médicale*, that a very economical application has been made of the recent discoveries in organic chemistry, by the substitution of a vegetable for an animal diet in hospitals. Some enterprising French chemist has lately announced that beans and peas contain more gelatin, fibrin and fat, (!) and in general a greater amount of nutriment, than beef, veal, and mutton! The authorities of the hospital at Avignon, acting upon this view, and with the most anxious solicitude for the well-being of the patients, have cut them off from the debilitating diet of mutton and beef; and, upon chemical principles, have ordered them a more stimulating and nutritious kind of food, in the shape of beans and peas! The presence of a large quantity of *fat* in these vegetables has also enabled them to reduce materially the consumption of olive oil!

Strange as it may appear to those acquainted with modern chemical doctrines, and the accuracy of analyses, the patients have most ungratefully and unfeelingly objected to the change. An anti-leguminous spirit has sprung up among them, and they persist in declining to be fed upon chemical theory. With the plain facts before them, that chemistry has proved that animal and vegetable substances contain identical proteinaceous compounds, they are unreasonable enough to declare that they prefer mutton and beef! How the matter will end it is impossible to say, but we are informed, that in spite of the watchfulness of the hospital attendants, the anti-leguminous party have actually succeeded in privately smuggling into the institution those provisions which have been denounced as deficient in nutritive matter.—*Lond. Med. Gaz.*, April, 1846.

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Puerperal Fever.—Every female delivered at the Hôpital de la Maternité of Bourdeaux, during the month of October last, was attacked with metro-peritonitis; and nearly half the cases terminated fatally.—*Gazette Méd. de Paris*, Jan. 3, 1846.

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Petrifaction of Animal Substances.—The Abbé Baldaconi, conservator of the Museum of Natural History of Sienna, has invented a new process for petrifying animal substances. It consists in keeping for a long time, the substance to be petrified, in a saturated solution of twelve parts of bi-chloruret of mercury and one or two parts of chlorhydrate of ammonia. The chlorhydrate of ammonia seems to determine the petrifaction; and the inventor attributes to this salt the property the solution possesses of preserving the natural colour of the organs.

M. Baldaconi has sent to the Academy of Sciences of Paris, a dog's liver perfectly petrified, and of its natural form and colour. —*Méd. Gaz. de Paris*, Jan. 10, 1846.

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Purification of Dissecting-Rooms.—Dr. Sucquet has communicated to the Acad. Sci. of Paris an interesting memoir on this subject.

Dissecting-rooms have been hitherto deplorable centres of infection. The noxious emanations from putrescent organic matter have not only rendered the neighbourhood of anatomical theatres an intolerable nuisance to the inhabitants, but have every day compromised the health, and occasionally endangered the lives of those engaged in the practical pursuits of science. Few members of the medical profession have not had to watch anxiously the sick-bed of a friend, wounded at the dissecting-table, or dying of a typhus produced by too zealous attendance at the anatomical school. The warmest feelings of gratitude are, therefore, undoubtedly due by the profession, to those who, like Dr. Sucquet, endeavour to diminish the risks incurred in the acquirement of practical knowledge. Many attempts have been made to ward off the dangers and sufferings to which all medical men are more or less exposed, and which the public does not always take into sufficient consideration; but hitherto the methods proposed have been rejected, either because, like the injection of alum, corrosive sublimate, and pyroligneous acid, they change the colour and aspect of the tissues in such a manner as to render their discrimination extremely difficult, if not altogether impossible; or because, like arsenical preparations, their use is not without some degree of danger. Most of the substances hitherto employed were also open to one very great reproach, that of blunting and otherwise injuring the instruments of dissection. Dr. Sucquet's plan has now been for three months in full operation at the Ecole Pratique de Médecine in Paris, and has effected the most complete and beneficial change in the state of the place. The pavilions were formerly, as all medical gentlemen who have visited Paris can testify, in a most filthy condition. The emanations were perfectly intolerable, even to the most inured anatomists, who often preferred prosecuting their practical studies at great expense of time and money in the far-distant, but well-ventilated, theatres of Clamart, to exposing their health, and perhaps endangering their lives, in the pestilential atmosphere of the official school of dissection. Thanks to Dr. Sucquet, the aspect of the Ecole Pratique is now altogether changed. The rooms present no appreciable odour; they can be heated to a proper degree, and subjects are preserved a much longer time than heretofore, without manifesting any signs whatever of putrefaction; in fact, the problem seems to be solved in the most satisfactory manner. These results are due to the use of two substances—the hyposulphate of soda and the chloride of zinc. The first is a transparent inodorous fluid, marking 18+0 by Beaume's areometer; its reaction is neutral. and it is obtained by passing sulphurous acid through a concentrated solution of carbonate of soda. One gallon (4 litres) of this liquid injected into one of the carotids, into the brachial or popliteal arteries, completely arrest during thirty or forty days the progress of decay, and renders the subject fitter for injection of the vascular system. Within three months no less than two hundred subjects have been thus prepared, with the most unvarying and beneficial results. The chloride of zinc enjoys even more powerful antiseptic properties than the hyposulphate of soda; it is a colourless liquid, marking +40 by Beaume's areometer, and is obtained by the saturation of muriatic acid with zinc filings. The abandoned and uncovered parts of the bodies are washed with this preparation, and the most fetid remains are instantly rendered inodorous by its contact. Even those which testify by their greenish hue an advanced state of decomposition, are instantaneously restored, and after a few moments recover their proper colour. The first-mentioned salt is supposed to act by the absorption of oxygen—an active cause of putrefaction—for the formation of sulphurous acid. The second, by the coagulation of all the soluble organic matter susceptible of putrefaction, which it changes into a compound insoluble and imputrescible even under water, and at a temperature of 15 or 20 centig. (60° or 70° Fahr.) This great reform—this invaluable boon conferred upon the profession, for such we must consider it—is due to Dr. Sucquet's researches, promoted and encouraged by the illustrious dean of the faculty of Paris.

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Obituary Record.—Died, April 2d, at Dublin, George Green, M. D., Queen's Prof. of the Practice of Medicine.

——, Feb. 2d, at the early age of 26, John Jones Davies, M. D., Lecturer in Mr. Dermott's School of Medicine.

——, Feb. 12th, Geo. Wm. Lefevre, M. D., late Physician to the British Embassy at St. Petersburgh.

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THE MEDICAL NEWS AND LIBRARY.

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TODD & BOWMAN'S PHYSIOLOGY, TWENTY-FOUR PAGES.

CLINICS.

Clinical Lecture on the Reduction of Dislocations of the Shoulder. By HENRY HANCOCK, M. D.

Gentlemen, I propose to arrange reductions of the shoulder under three heads, the first embracing those measures by which the bone is reduced solely by the manipulations of the surgeon; the second, the several modes of extension and counter-extension by assistants; and the third, the various instruments which have from time to time been invented and employed. We will, in the first place, consider the various ways of reducing these accidents by the unaided efforts of the surgeon.

The late John Hunter justly observed, that muscles may be taken by surprise, and their force in that way eluded rather than overcome; he asserts, that before a muscle can put forth its full power, it must be in a state of preparation for action, in this way accounting for what is so often observed,—that joints, which in the ordinary business of life sustain most violent stress and shocks, are dislocated by very slight force if applied unexpectedly. The same thing holds good in reduction; let your patient see what you are doing, allow him to understand when you are about to make the trial, and his muscles will resist your efforts however he may imagine he is resigning himself passively into your hands. But keep his mind diverted, and suddenly make the endeavour, you will frequently succeed without any trouble.

In accordance with this principle, Sir P. Crampton recommends that before assistants are called in, or any apparatus applied, the surgeon, while he appears merely to be occupied in ascertaining the nature of the injury, should apply gentle extension at the wrist, and slowly raising the arm to nearly a horizontal position, suddenly pull it upwards and a little forwards, towards the patient's face, while, at the same time, he as suddenly pushes the body backwards, by pressing with the left hand below the axilla. In describing this method, Sir Philip remarks, "Success, however, will greatly depend upon the unexpectedness of the attempt; the surgeon should, therefore, endeavour to divert the patient's attention from the proceedings, and I know of no means so effectual for this purpose as inducing him to describe circumstantially everything connected with the occurrence of the accident.

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent GRATUITOUSLY *to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for February.*

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This is a theme on which patients, who are at all able to express themselves, are sure to expatiate with the greatest satisfaction. Once engaged on so engrossing a topic, it will require but a small degree of tact on the part of the surgeon to seize the favourable moment when he can apply his force to the greatest advantage."

Mr. James Cooke, of Warwick, who wrote in the year 1685, says, that Mr. Hales used to reduce dislocations downwards by placing the patient's hand on his neck, and holding it there; he then carried the elbow to the ribs, and forced the bone upwards by carrying the arm by a semi-circular motion backwards.

Boyer and Wiseman say they succeeded in reducing a dislocation manually, without exercising either extension or counter-extension; but they do not tell us how they proceeded.

Mr. Syme, of Edinburgh, relates a case reduced by suddenly abducting the arm, rotating it outwards, and thrusting the bone upwards.

M. Columbo, in the "Revue Medicale" for 1839, vol. 2, describes the following plan:—He flexes the limb as much as possible, and afterwards sweeps it round on its long axis.

Another method consists in raising the arm perpendicularly as high as possible with one hand, and then pressing in the head of the bone with the other. This plan usually goes by the name of "White's Method," in this country, and there is, perhaps, no other which has met with such universal support, or of which so many authors have claimed to be considered, either as the inventors or resuscitators. Upon the continent it is known by the title of "Mothe's Method;" and in France it has been more recently claimed as a new and important invention by M. Malgaigne, who, we find, from the *Lancet*, 1832, introduced the practice to the notice of Dupuytren.

M. Malgaigne, in his address to his class, states, that the anatomy and pathology of this kind of dislocation had led him to adopt it before he was acquainted with the method of Mothe; but we shall presently find that neither of these gentlemen can, with any reason, lay claim to the originality of their discoveries. Mr. White published his plan in 1748, it was noticed by Henry Thomson in 1761, and again by Portal, in his "Chirurgie," in 1768. M. Mothe claimed it as his invention in 1775. It was subsequently resuscitated by T. Bell, in 1809; Delpech in 1816; Malgaigne in 1832; and Goss in 1833; so that however MM. Mothe and Malgaigne may be entitled to the credit of reviving the method, and directing the attention of the profession in their own country to it, they are clearly not entitled to be considered as the originators of a new plan, however valuable it may be. But although it may not be generally known, if you take the trouble to investigate the matter for yourselves, you will ascertain that White had as little claim to originality as either M. Mothe or M. Malgaigne, for, in fact, the proceeding is described by Hippocrates as one of those in vogue in his days. He recommends that the arm be raised vertically as high as possible with one hand, then to press in the head of the bone with the other. White sometimes used pullies to extend the arm in this direction, as we shall subsequently find, but he as frequently did not. Nevertheless, the plan appears to have been overlooked or neglected by the various writers before his time, and although we may not be disposed to consider him in the light of an inventor, we ought fairly to give him the credit of being the first writer, subsequent to the time of Hippocrates, who noticed the method in a systematic and proper manner. This plan, which has been strongly recommended by Hey, Filugelli, Goss, &c., has been modified by various surgeons. In the *Medical Gazette* we read a paragraph headed "Langenbeck's Surgical Practice in Göttingen;"—"An old woman being placed on a low chair, a stout student mounted a table, and pulled her arm horizontally, and then upwards. Immense force was exercised unsuccessfully, and I began to fear for the patient's arm. The stout student walked off the table, and M. Langenbeck on, and he quickly reduced the shoulder."

M. Malgaigne relates two cases of reduction, one after twenty-three, the other after twenty-one days:—"An assistant stood upon a table, close to the seat of the patient; he then placed his foot upon the shoulder to make counter-extension, whilst he pulled up the arm with both his hands nearly to a vertical direction; the reduction took place immediately, almost without effort, and with but little pain."

M. Armann makes his patient lie down on his back upon the ground, and sitting on the ground behind him, places his foot upon

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his shoulder, and seizing the patient's wrist draws up the arm in a vertical direction.

M. Benoit placed his patient in bed, with his body supported; he then took hold of his wrist with one hand and made extension so as to raise it gradually, and bring it near his head; having so done, he brought it down and reduction immediately took place.

M. Latta laid his patient on the floor, whilst two or three stout men, mounting on a table, took hold of his arm and raised him up by it from the ground.

M. Velpeau employs vertical extension in different ways. When he first adopted it in 1834, he made the patient, a female, lie down on her back, very near the side of the bed; he trusted the limb to an assistant, who applied his foot to the edge of the shoulder to make counter-extension, whilst with both hands on her wrist, he made extension, M. Velpeau favouring the return of the head of the bone into the glenoid cavity. In another case the patient was seated on a chair near a table, upon which an assistant mounted and proceeded as in M. Langenbeck's case.

In some instances, observes M. Velpeau, it is quite sufficient to mount a stool and draw or elevate the arm, whilst another assistant fixes the shoulder with his knee, the hand, or a napkin. The surgeon pushes the head of the bone upwards with his hands, the inferior angle of the scapula being fixed against the thorax.

The success of this plan has commonly been attributed to the relaxation of the capsular muscles, especially the supra-spinatus and deltoid, but it is equally due to another circumstance. When the humerus is raised in this manner it presses against the acromion process, which now acting as a fulcrum, dislodges the head of the bone from under the neck of the scapula; thus not only are the muscles relaxed, but the head of the bone is freed from the chief obstacle to reduction, for the higher the arm is raised the more is the head of the bone thrown out from its abnormal situation, and placed in a favourable position for reduction. This method is not the less valuable that it is so simple and so readily put in practice; it requires no preparation either on your part or the patient's.

Mr. Goss, of Dawlish, who frequently had recourse to this method, says, that out of between forty and fifty cases, only one required more than one assistant. It is particularly adapted to dislocations downwards or forwards, but not so much so to dislocations backwards; in the two former instances we can scarcely wish for a more favourable position than that in which the head of the bone is placed when the arm is raised vertically by the side of the head, and for the reasons to which I have already adverted.

You will find this a very efficacious mode of reduction; I frequently employ it and have commonly found it successful. Where it has not appeared to answer simply by itself, I have combined it either with my fist or knee in the axilla, and have rarely failed. I do not mean to say that it is infallible, but I consider it a very useful and efficient proceeding in recent cases, and not the less so, that it is attended with but little pain.

Fist in the Axilla.—Not unfrequently luxations of the humerus are reduced with the greatest ease immediately after the accident, by the surgeon seizing the arm and raising it at right angles with the body, while at the same time he introduces his left hand, clenched, into the axilla, placing it as high as possible. Diverting the patient's attention he suddenly pulls down the arm, at the same moment making as much extension as possible, until he brings the patient's elbow to his side.

This plan, recommended by Hippocrates, Duverney, and most subsequent writers, combines a two-fold action; the extension downwards separates the humerus from the neck of the scapula, whilst the fulcrum afforded by the fist in the axilla, forces the head of the bone outwards and places it within the sphere of the capsular muscles which draw it up into the cavity. The heel, knee, pads, and balls in the axilla, act upon the same principle as the first.

Petit says, "Place your hand in the axilla, and your elbow on your patient's thigh or chair, and then with your other hand depress the elbow."

Desault placed his left hand in the patient's axilla, and with his right, applied to the lower and external part of the arm, he raised the humerus to the trunk and pushed it upwards, by which double movement the head of the bone was replaced without the slightest difficulty.

Dr. David Bell relates the case of a man, aged 33, who drank largely, fell upon the pavement, and dislocated his arm. Having placed the patient on a chair, and seizing

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him by his wrist, he introduced his hand into the axilla, and pushing out the head of the bone, reduced it immediately.

In the *Dublin Medical Press* is the following method, published by Mr. Canes, of Kilkenny:—"The surgeon places his left hand in the patient's axilla, and his right on the elbow of the dislocated arm, the wrist of which he fixes under his own right arm, by pressing his elbow to his side. He then steadily inclines his body backwards." Mr. Canes, who relates four cases, treated after this plan, in one of which the luxation had existed twenty-four hours, says, that he has succeeded after two minutes' extension.

I do not think, employed as here related, that this mode is so perfect as it might be. The fist in the axilla answers very well as a fulcrum, but you do not place the humerus in the most advantageous position when you merely raise the arm at right angles with the body. The head of the humerus is not then separated from the neck of the scapula, and consequently, when you depress the patient's arm over your fist, the latter presses and fixes the head of the humerus more firmly in its accidental situation; whereas if you, in the first instance, place the arm in the vertical position, and then fixing your fist well up in the axilla, bring the patient's elbow suddenly and firmly to his side, you, by these means, press the head of the bone outwards, and will frequently succeed without much difficulty.

(To be continued.)

MEDICAL EDUCATION AND INSTITUTIONS.

The Medical Profession — Quackery.—The monster evil, of a social kind, which affects the medical profession, is the general poverty of its members; no further proof of this need be adduced than the immense number of qualified assistants, who are everywhere ready to take service at less salary than that obtained by ordinary clerks, or even the superior classes of servants. The numbers of the profession, relative to the general population, is frequently complained of, and none can deny that the legally constituted bodies have most reprehensively suffered pretenders to medical knowledge to spring up on all sides of the regularly educated practitioners of every grade, many of them armed with degrees which may be had for mere purchase, and which are in nowise a test of medical proficiency. But setting aside, in a great measure, this source of mischief, we believe that the legitimate funds which should of right be contributed by the nation to the medical faculty would be amply sufficient to provide for every respectable individual in this country, having any title, legal or otherwise, to call himself physician, surgeon, or apothecary.

The profession is robbed, not by thousands, or by tens of thousands, but by hundreds of thousands sterling, annually. This may seem startling at the first blush, but let us consider the modes in which the funds, which should enrich the profession, flow into illegitimate channels; consider how the public, the other professions, and the government, trench upon its rights, and it will no longer be matter of doubt. Take the sums paid annually to knavish pretenders, who are impudently engaged in practice without the slightest show of right; add to this the sums taken by prescribing druggists; add again the yearly sums paid by the public for patent medicines; to these add the immense sums by which the profession is underpaid by the government for services rendered to the state, or by public bodies, as in the case of the New Poor-Law Commission;—take these, and numerous other items, into consideration, and it will be seen that we have not dealt in figures of speech, but in plain figures of arithmetic.

The obvious mode of relieving the profession of that poverty which these and other causes have rendered so prevalent, is to raise the qualification for practice by raising the standard of medical education, and rendering it penal for unqualified persons to engage in practice. Then, this good effected, the boundaries of the profession must be enlarged, by a close examination of all those points in which the evident functions of the medical faculty are performed by other persons; and this scrutiny must be followed by a determination to assert the rights of the profession. To show our meaning, we need only refer to a few points which, together with others, we shall have hereafter to consider seriatim. There is the quarantine system; the office of coroner; and the entire range of medical statistics: the regulation of lunatics and lunatic asylums; sanatary commissions of various kinds:—all these departments of the public service ought, if the public welfare were alone considered, to belong to the domain of the

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medical faculty. These things belong to us of right and justice, and can and may be had for the asking. The profession is like a big boy at school who has been set upon by his fellows, but who has only to put out his strength to take at once his proper position.

The monster cause of poverty and degradation is quackery; and this we confidently believe could not exist in its present rampant state, but for the countenance afforded to it by members of the profession. Often, indeed, this is done, without improper motive,—unsuspectingly, in fact, though the bane is not the less. Low views have crept in, and the very highest members of the profession often give direct and indirect aid to empiricism, without dreaming of what they do. They will recoil from the consequences of their own act when placed nakedly before them. It will be a grand object to separate legitimate medicine distinctly from quackery. When this can be done, quackery by itself is such a monstrous bubble that it must shrivel of itself to nothing. But until this is accomplished, legislation will be in vain, and quackery will continue respectable. We shall begin the task by putting our finger upon every glaring or covert professional support of empiricism open to observation, not, meanwhile, sparing the unprincipled public quacks themselves. If this separation were effected, and quackery stood bare to public scorn, the profession might then ask for the abolition of patent medicines; till this is the case, the proposal will only be met by ridicule.

Time will show whether the great objects we have proposed are attainable in the present day; whether the professional boundary may be so enlarged as to include a vast amount of emolument and honour now absorbed by extra-professional persons, and whether the immense funds which are at present diverted into improper channels may not be regained for the profession.

Professional opinion, and the action born of strong opinion, are the powerful levers which must be moved to effect these things. It may be a difficult task, but in our labours we shall be animated with a bold hope for the issue.—*Lancet*, Jan. 10, 1846.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Louisiana Medico-Chirurgical Society.—This society offers a gold medal of the value of one hundred dollars for the best essay on *strictures of the urethra, with their treatment.* The communications must be accompanied with a letter and corresponding mottoes to the President of the Louisiana Medico-Chirurgical Society, New Orleans, La. They must be delivered before the 1st of Feb., 1847. The prize will be awarded at the annual meeting of the society on the first Wednesday of April, 1847.

Alabama Medical Society.—This society offers a silver cup as a prize for the best *Medical History of the State of Alabama.* The essay must be deposited with the secretary, Dr. A. G. Mabry, of Selma, Dallas Co., Ala., before the first Monday in Dec. next.

FOREIGN INTELLIGENCE.

New method of applying Cups.—M. Heulard d'Arcy employs the following method of applying cups, which is said to possess advantages over the ordinary plan. He pours two or three drops of ether into the cupping-glass, approaches it to the part, sets the ether on fire with a piece of lighted paper and instantly applies it. A more perfect vacuum is obtained, and less time required than when alcohol and paper or cotton are used.—*Journ. de Méd. et de Chir. Prat.*, October, 1845.

New method of preserving organic matters.—At a late soirée, held by the Marquis of Northampton, Dr. Silvestri, physician to the Royal Hospital at Naples, and chief physician of his majesty's guard of honour, exhibited several preparations made according to a method discovered by him. By this process organic matters are perfectly preserved, being converted into a substance possessing the hardness of stone, and admitting of being polished. Among the preparations shown, were a portion of human liver, a section of a kidney, a section of a testis, and some hands and heads. In these specimens the texture was perfectly apparent when examined with a magnifying-glass, but the substances themselves had acquired the hardness and resonance of stone. The head of a ram possessed the stony hardness peculiar to these preparations, while the ears and hairs retained their natural softness and pliability. Birds, submitted to this process, retain their feathers uninjured either in colour or pliancy; fishes are coated by a

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kind of transparent varnish; and the cornea retains the transparency of life. Dr. Silvestri has also succeeded in preserving flowers in the same manner, the petals retaining their natural hues, and the stem and leaves their pliancy and verdure. He gives the following statement of the applications of his discovery:—

"An entire corpse, without being injured in the slightest degree, can be brought to a consistency approaching to petrifaction, and preserved for an indefinite period in full perfection of form, with the hair, nails, &c. Like a statue, it can also be placed in any given position, as illustrative of individual character or station.

"Animals of every species, from the elephant to the insect, are susceptible of being reduced to the same state of consistency and preservation. The plumage, fur, wool, and all other adjuncts of nature, remain entire, retaining the same colour, firmness, and flexibility that they had at the moment of death.

"The same result can be produced in the single parts, organs, &c., of any organic animal body, without undergoing any alteration whatever, even though injected previously to the operation.

"All the objects in question may be petrified in such various degrees of intensity as may be judged necessary for the purposes of dissection, observation, examination, &c., with perfect freedom from stench, and all else of an objectionable nature, either when handled, or preserved as objects of curiosity.

"Flowers and plants can be preserved unchangeable, with their colours, form, leaves, and stems, as if just gathered."—*Lancet*, May 9, 1846.

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Academy of Sciences.—At the annual distribution of prizes, May 11th, 1846, the first prize in medicine and surgery was awarded to M. Amussat for his researches on the wounds of the vascular system. M. Milne Edwards, the reporter of the commission, in proposing M. Amussat for the first prize, observed that, although many surgeons, both ancient and modern, had already turned their attention to the study of the difficult question of vascular lesions, M. Amussat found something more to glean in the field of observation, and had arrived at conclusions interesting, not only to physiology, but to operative surgery. His experiments have been chiefly performed upon sheep and oxen slaughtered according to the regulations of the Jewish religion, which permitted him to study with accuracy the local phenomena consequent upon complete section of arteries in a broad transversal wound. He has shown that hemorrhage is spontaneously arrested, not by contraction of the artery, but by the formation of a clot, forming at first, not a plug, as it has been asserted, but a ring, which becomes, by the deposition of fibrine, gradually narrower, until the orifice is entirely closed. A second clot, independent of the first, forms within the vessel, and the hemorrhage is stopped. M. Amussat has given the signs by which the orifices of vessels, obliterated in a temporary manner by such clots, are to be recognized on the surface of a wound, in order that a ligature being placed on them, secondary hemorrhage may be prevented. M. Amussat also gives most interesting details on the formation of hematic tumours under the skin, on the cicatrization of veins and arteries, and on the production of traumatic aneurism.—*Med. Times*, May 23, 1846.

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Asiatic Cholera.—The Asiatic cholera has spread through several provinces of Persia, and has given rise to great mortality in some of the principal towns. It is reported to have extended from Bokhara across the Persian frontier to Herat and Meshid, thence south of the Caspian to Teheran, and still further south to Ispahan. Recent accounts from Odessa, state that it has crossed the Russian boundary, and has appeared at Tiflis, taking a course northward between the Caspian and Black seas: while according to the latest intelligence from Riga, it has broken out at Orenburg in the Uralian mining district, crossed the Volga, and appeared on the European side at Kasan, about 1200 miles from St. Petersburg. If these accounts are to be trusted, the disease has taken a somewhat irregular course, in a direction west by north; and it does not appear to have followed the banks of great rivers as in the former irruption of 1828–30. The disease which reached England in 1831, prevailed in Persia for seven years from 1823 to 1830. It appeared at Orenburg for the first time in 1823; and was confined to this quarter for a period of five years. It reappeared at Orenburg in 1829, and its prevalence and fatality in this province were so great, that upwards of one-tenth part of the inhabitants were seized with it, and one-fourth of those who

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were attacked, died. It reached St. Petersburg in July, 1831, and England on the 26th October of that year. At Tiflis, where it is again reported to have broken out, the mortality from the former epidemic was so great, that three-fourths of those who were attacked, perished.—*Lond. Med. Gaz.*, May, 1846.

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Swallowing Pins.—A maid servant, while engaged in hanging up some curtains, accidentally swallowed a pin. Dr. Neumann, who was immediately sent for, found her pale from fright, and in a state of general tremor. She did not complain of pain in any part, and as she swallowed solids and liquids without difficulty, Dr. N. persuaded her that she had been probably deceived by her sensations. Her cheerfulness soon returned, and she enjoyed her usual health.

About a year afterwards, Dr. Neumann was suddenly sent for to remove the pin. On his arrival, he ascertained that the female had for some days felt an itching pain in her left side, which she attributed to the presence of the pin. A small pustule was observed over the region of the descending colon, and in this was the pin with the point projecting outwards. It was easily removed by the forceps, and was found to be perfectly clean. It had thus been in the alimentary canal for a year without giving rise to any unfavourable symptom.—*Ibid.*, from *Casper's Wochenschrift.*

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Well-water poisoned by Arsenic.—It cannot be too extensively known, that the water of wells in the neighbourhood of chemical works is often impregnated with poison. Persons who unsuspectingly use this water may be in consequence attacked with alarming symptoms, and even die from the effects. We find from the return of the Registrar of West Derby that a fatal accident of this kind has lately occurred in the rural part of this district: a whole family, with the exception of one member, has been entirely cut off, owing to their having drunk water impregnated with arsenic, which was drawn from a well contiguous to certain chemical works attached to the premises where the family resided.—*Ibid.*

—

New Instrument for Lithotrity.—Dr. Arthault has invented a new instrument for crushing calculi in the bladder. An experiment was lately made on a subject at the Hospital Beaujon in the presence of several surgeons. A calculus of the size of a pigeon's egg was introduced into the bladder, and a suture applied so as to close the cavity. The calculus was reduced to an impalpable powder in *three minutes*. Dr. Arthault's instrument thus not merely breaks or crushes, but completely pulverizes the calculus.—*Ibid.*, from *Gaz. Med. Chirurg.*

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Anatomical Models.—Guillaume Desnoues, a French physician, was the first who conceived the idea of representing in wax the form and colour of the various parts of the body. This was in the year 1701. His invention received the approval and encouragement of the Academy of Sciences. In modern times M. Felix Thibert has carried this art of imitation, by a new process, to very great perfection; and he has also succeeded in rapidly producing fac-similes of the preparations when once made. His plan has received the approval of the Parisian Academies; and the Institute decreed to him the Monthyon prize as a reward for his invention. In this way duplicates of rare pathological specimens are easily obtained, and may be kept conveniently arranged.—*Lond. Med. Gaz.*, from *Gaz. Médicale.*

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Remarkable case of the development of Heat in the Dead Body.—Dr. Düsterberg reports the following extraordinary case:—A man, aged 50, who for a considerable time had been the subject of a chronic affection of the spleen and of dropsy, died suddenly of apoplexy. After the body had remained above ground for three days, and was about to be buried, Dr. D. was requested to see it, for the evidence of a considerable degree of warmth had excited suspicions that death was only apparent. Although the corpse lay in a spacious room with the windows open, yet the stench it emitted was so intolerable that it could scarcely be approached. The face was swollen, of a bluish colour, and quite disfigured; the pupils were reduced to a pulp, the corneæ flaccid, and a faint-smelling brownish fluid oozed from the mouth. The limbs were relaxed, and the surface of the body covered with post-mortem spots, and with vesicles filled with a bluish fluid. The skin generally, however, was not only warm, but actually felt quite hot, its temperature amounting to 31° R. (102° Fahr.), whilst that of the room was only 17° R. (70° Fahr.) Moreover, the surface of the body was covered with moisture, which, when wiped off, shortly reappeared, just as would the fluid of respiration.

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However remarkable this phenomenon may be in a physical point of view, yet the far advanced state of decomposition removed all doubt as to the reality of death.—*Lond. Med. Gaz.*, from *Casper's Wochenschrift.*

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Use of the Bromide of Potassium in Secondary Syphilis.—The low price of the bromide compared with that of the iodide of potassium, has induced M. Ricord to substitute that salt for the iodide in the treatment of secondary syphilitic affections. The dose of the bromide is the same as that of the iodide of potassium. It has produced the same therapeutical effects, but more slowly. *Journal de Pharmacie*, April, 1846.

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Plica Polonica of Vegetable Origin.—The Plica Polonica appears to belong to that class of diseases which are owing to the spontaneous growth of a vegetable substance. Professor Walther, of Kiew, submitted to a microscopical examination the substance which united the hairs, and he found it to consist of a number of minute rounded or oval corpuscles, having in the centre one or two nuclei, which appeared to be the germs of new corpuscles. These researches tend to corroborate those of Gunsbourg.—*Ibid.*

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Austrian Rhubarb. — The *Gazette des Hôpitaux* reports that rhubarb is now extensively cultivated at Brunn, in the Austrian dominions, and that large quantities of the root are annually exported to other countries.—*Ibid.*

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Absence of the Spleen. — The *Gazette Médicale* reports on the authority of a German journal, a case, in which Dr. Meinhard, of St. Petersburg, while engaged in inspecting the body of a female, could find no trace of a spleen or of splenic vessels.—*Ibid.*

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Poisoning with Arsenic.—MM. Maresk and Lados have ascertained that when a pregnant woman is poisoned with arsenic, the arsenic may be transmitted to the fœtus. In an official investigation of a case of this kind, they discovered traces of the poison in a fœtus at the fourth month. The uterus and the placenta also contained arsenic, but the placenta contained a proportionally larger quantity than the fœtus. The liquor amnii contained no arsenic, at least the quantity, if any, was inappreciable.—*Bull. de la Soc. Med. de Gand.*

New Moxa.—A great number of combustible substances have been employed for making moxas, but none of them unite so many advantages as camphor. M. Chassaignac has used this substance for the purpose by holding a piece in a pair of common forceps, then placing it on the spot to be cauterized and setting it on fire.

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French Hospitals in Algeria.—The mortality in the French hospitals of Algeria is on the increase. In the last quarter of 1845 there were more than a thousand deaths in the single province of Oran!

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Treatment of Diabetes Mellitus by Balsam of Peru.—Dr. Vaubes reports in the *Journ. des Connaiss. Med. Chirurg.*, a case of diabetes mellitus cured in five weeks by balsam of Feru. The medicine was given in the dose fifty drops four times a day, and increased to five drachms daily.

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Medical appointments at Paris.—MM. Martin-Solon, Louis and Guerard, have been appointed physicians at the Hotel-Dieu; MM. Bouvier and Legroux at the Hôpital Beaujon, and M. Blache at the Hôpital des Enfans.

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French Scientific Congress.—The thirteenth session of the scientific congress of France was opened at Rheims on the 8th of Sept. last. More than 600 members, French and foreign, were present. The meeting was held in the great historical gallery of the archiepiscopal palace. M. de Mérode, the Belgian minister of state, was elected one of the vice-presidents.

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University of Edinburgh. — Mr. John Goodsir has been elected Prof. of Anatomy in this school.

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M'Gill College—Faculty of Medicine.—At a commencement held May 25th, the degree of M. D. was conferred on 11 gentlemen.—*British Am. Journ.*

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Obituary Record.—Died, at Paris, aged 79, M. le Baron Barbier, principal surgeon and professor at the Val de Grâce, member of the Academy of Medicine, and knight of the Legion of Honour.

——, at Vienna, Baron Von Durkheim, an eminent physician, and President of the Board of Health for the Austrian empire.

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CLINICS.

Clinical Lecture on the Reduction of Dislocations of the Shoulder. By HENRY HANCOCK, M. D. (Continued from p. 64.)

Heel in the Axilla.—Reduction by means of the surgeon's heel in the axilla has been much commended by Sir Astley Cooper, who says that it is the best method in three-fourths of the recent cases.

Like everything else in surgery it has its supporters and opponents, the latter of whom have advanced objections, which, however weighty they may seem in theory, do not appear to be so valid in practice. This is one of the plans which have been handed down to us by Hippocrates, although, from the favourable light in which it was regarded by the late Sir A. Cooper, it is frequently described in this country as emanating from him. Albucasis recommends the interposition of a round ball of some substance between the heel and the axilla, "deinde medicus calcaneum suum super sphæram et elevet caput humeri cum virluti," but this is rarely required. Sir A. Cooper recommends its employment in the following manner:—"The patient lying near the edge of a sofa or table, the surgeon binds a wet roller immediately above the elbow, upon which he ties a handkerchief; then, with one foot resting on the floor, he sits down on the bed and places his other heel in the axilla against the head of the bone; three or four minutes will usually suffice, but if any more force is required, a long towel may be employed, and several persons pull." Sir A. Cooper goes on to observe, that he generally bent the forearm nearly at right angles to relax the biceps muscle, but he had, in many instances, extended from the wrist by tying the handkerchief just above the hand; but more force was required in this than in the former mode, though it has this advantage, that the bandage is less liable to slip.

Mr. Bransby Cooper, in the last edition of Sir Astley's work, adds, "It is better for the surgeon to make the extension from the patient's wrist, which he should grasp with one hand;" and the grounds upon which he rests this opinion, are, that the surgeon, at the long end of the lever as well as at the fulcrum, has his sense of touch to appreciate the effect of the force upon the resistance, and therefore is able at once to modify the application as circumstances may require.

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Whilst extending the patient's wrist, and counter-extending by his heel, he immediately perceives the slightest change in the position of the head of the bone, and he can simultaneously by the lever direct it towards the glenoid cavity. This was also the opinion of the late Mr. Howship.

Verduc, who says, "This method is indeed very good," directs, that while it is proceeding an assistant should keep up the arm with a handkerchief, a fine napkin, or a piece of list, and, with the sole of his foot, press the shoulder downwards and facilitate the re-entrance of the head of the bone into its cavity. This recommendation, however, is not original, as it is more fully described in the writings of Ambrose Paré.

John de Vigo recommends a long piece of wood, having one end round; this is to be placed in the axilla of the patient lying on a bed. The surgeon then presses his foot against the wood, whilst he, at the same time, draws down the arm. This, which differs in no way from the ball in the axilla, possesses no superiority over the mere heel, which, after all, is as good a measure as can be employed in recent cases.

Among its supporters are, Wiseman, Sir A. Cooper, Messrs. Lawrence, Petit, Lanfranc, Syme, Le Clerc, Howship, B. Cooper, and, indeed, most of the best surgeons; but on the other hand it is opposed by men of equal reputation. The late Mr. Bromfield describes it, but not in the most favourable terms. Sir Philip Crampton says, "It is true, that in this method, which has the reputation of being very successful, the arm is drawn downwards in a direction nearly parallel with the body, but it by no means follows, because this method is often successful, that the force employed is most advantageously applied," and he seems to infer that this measure is attended with unnecessary injury to the soft parts, as he adds, "the desideratum is to effect reduction, with the least possible violence to the parts."—Boyer objects to it, that there is always a direct impulse communicated to the head of the humerus, which has the double inconvenience of being higher than the extension, and of acting at the same time with it. However, he admits that the proceeding, as described by Hippocrates, perhaps contains the germ of the improvements in the various methods at present in vogue.

M. Latta, who has stated his objections at length, thus expresses himself, "This method of the heel is similar to the rolling pin. When attempted, the patient is laid on his back upon the floor, and the surgeon sitting on the same, puts his foot in the axilla, pressing the head of the bone strongly upwards, whilst he extends the arm strongly with both his hands, laying hold at the wrist, as he cannot grasp it above the elbow. Sometimes, when the head of the bone has been driven down directly into the axilla, we are directed to put some round hard body, such as a tennis ball, between the heel and the axilla. This makes the method still more similar to the rolling pin.

"In whatever way we proceed it must be objectionable:—

"1st. By laying hold of the arm below the elbow joint, we stretch, and are in danger of hurting that joint.

"2d. By the yielding of the ligaments of the elbow-joint, we lose a great deal of force which ought to have been spent on the humerus, and are thus obliged to use a much stronger extension than would otherwise have been necessary.

"3d. By extending the forearm, we put a number of muscles upon the stretch, which ought always to be kept in a state of relaxation, and thus greatly impede the reduction of the bone.

"4th. It is evident, that by pushing with the heel, as well as with the rolling pin, we push the bone, not into the socket, but into the neck of the scapula, and thus, instead of forwarding the reduction of the joint, we hinder it as much as is in our power."

"I have been witness," adds this author, "to several cases when the heel had been used, and where the inflammation ran to such a height that it required the utmost care and attention to prevent mortification; and yet, for all the trouble the surgeon had been at, and the pain he had given the patient, the bone still remained dislocated.—Indeed, although methods of this kind may succeed in relaxed habits, or, as many say, feminine constitutions, yet I will venture to affirm that in young and vigorous subjects, they will fail in nine cases out of ten."

More recently, Mr. Mayor, of Lausanne, in the *Gazette Médicale* for 1840, asserts, that this method, as practised in England, is open to the four following objections:—"It compresses the sub-axillary tendons of the pectoralis major and latissimus dorsi; it draws blindly on the wrist, and not from the elbow; it does not flex the forearm. It is

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therefore deprived of the governing force by which we may surely and easily guide the head of the bone into its proper place."

I have here given you the arguments for and against this mode of reduction, that you might have the whole question fairly before you. I have entered upon the subject very fully; but in these lectures I am not so anxious to govern you by any opinions of my own, as to lay before you what has been written by authors upon the point, that you may be enabled freely to draw your own deductions, and judge for yourselves, whether the opinions I express are based on sound grounds or not.

Let us now examine the validity of the objections urged by MM. Boyer, Latta, and the rest, against this mode of proceeding. Boyer included reduction by the heel in the axilla in his class of coaptative measures, to which he was decidedly opposed.

It appears to me that both he and Latta mistook the principles upon which the heel acts, more particularly the latter, when he affirms that it pushes the head of the bone into the neck of the scapula. If the arm were placed at right angles with the body, and we pushed in the direction he states, this might be the result; but we do neither the one nor the other. The arm is drawn downwards in a direction nearly parallel to the body, and we must also recollect that the arm is not merely placed in this position and left passive, but that actual extending force is applied to it, equal, if not superior in power to that exerted by the heel; so that even if we pushed in the direction described by Latta, the bad effects would be neutralized, so far as the approximation of the head of the bone to the neck of the scapula is concerned. But in the position in which the arm is placed, and the direction in which the extension is made, it is exceedingly doubtful whether, if we desired so to do, we could succeed in forcing the head of the bone from below upwards; for the heel being inserted internal to the neck of the bone, acts as a fulcrum, the direct tendency of which is, to throw the head of the bone outwards, and not upwards; indeed, this is the object of those who employ this force. The arm is drawn downwards and inwards; the surgeon pushes the upper end of the bone from within outwards, with his heel, thus assisting the leverage exerted by the arm upon itself, whilst, at the same time, it acts upon the anterior edge of the scapula.

I should advise you to adopt the following mode:—Suppose the case to be a dislocation of the right shoulder. Having applied the wet bandage and a pocket handkerchief, or towel, above the patient's elbow, make him lie down on the carpet on his side, then lay a thick napkin or pocket handkerchief across the sole of your right foot, next place that foot as a soft cushion in the axilla; after which you should commence a steady and gradual extension, neither attempting nor desiring to pull it in all at once, but keeping the muscles upon a moderate state of tension, until at length from fatigue you will find them gradually give way. The head of the bone soon begins to move with a vibration which will be sufficiently evident to you. You now steadily increase your extension and bring the arm at once towards the body, when the upper part of the humerus, moving round the firm pad in the axilla, the head of that bone is set at liberty, slips over the edge of the glenoid cavity, and springs into its place, usually with so audible a snap that neither you nor your patient can fail to know it.

This plan is at once simple and effectual; it is attended, when properly applied, with very slight violence to the soft parts, or fatigue to the patient, while it admits of success in most instances, which have not been so long neglected as to render success under ordinary measures impossible.

With respect to the other objections urged by Latta and Mayor against the plan in consequence of the extension being made from the wrist, admitting them to be valid, they can only apply to the instances in which the extension is so employed, and not where the force is applied above the elbow. Before we can agree with M. Mayor, we must first ascertain whether the extension is made so universally from the wrist in this country, as he has asserted. I think you will find it is not. However, we have already described the matter so fully that I will not again open the question further than to observe, that if any advantage is derived from the increased length of lever afforded by applying the power to the wrist instead of to the elbow, it is more likely to be experienced in this method than perhaps in any other which we shall have to consider.

I have often seen luxations reduced by the heel in the axilla, and I have frequently reduced them myself by this method, but I must confess I never, in a single instance,

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met with the alarming consequences mentioned by M. Latta; neither do I believe they can occur, unless the surgeon is guilty of unnecessary violence, and is ignorant of the principles which ought to govern him. As to the assertion that the plan fails among young and athletic subjects in "nine cases out of ten," the experience of Sir Astley Cooper, as well as of most other surgeons, proves that it is erroneous and without foundation.

M. Vergneis publishes the following mode of proceeding in the *Bull. de Thérapeutique*: —"The patient being seated on a chair, the surgeon takes the luxated limb and holds it perpendicularly; he applies one hand to the middle of the arm, the other towards the wrist; he next raises his foot and placing it under the luxated head of the bone, he fixes it on the chest and draws the arm slightly towards him, whilst he depresses it in drawing it forwards; he increases the force, at first proceeding quickly." He says he has succeeded where others have failed.

The knee in the axilla acts upon the same principle as the fist, serving as a fulcrum for the arm. Sir Astley Cooper mentions it, and says, that even in persons of powerful muscles, he has known it succeed when the patient remained in a state of intoxication. Mr. Kirby mentions several cases in which he employed it with perfect success, but the method is not considered so good as that of the heel in the axilla. However, I have often succeeded with my knee, without any difficulty.

Let your patient sit on a low chair or stool. If it is the right arm stand behind him, if his left stand before him; raise his arm perpendicularly by the side of his head, and then place the ball of your foot upon the chair or stool, and your knee in the axilla as close as you can against the head of the bone. Now depress the arm forcibly and bring the elbow down towards the patient's side, at the same time raising your heel and pressing with your knee upwards and outwards. You will not succeed so well if you do not in the first instance raise the arm perpendicularly, for the reasons which I have given in treating of "White's Method."—*Prov. Med. and Surg. Journ.*, March, 1845.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Mesmerism.—From a letter published in a Dublin paper, it appears that the £100 note deposited for six months in the bank of Messrs. Ball and Co., which was, according to the terms of the advertisement in the public papers, "to become the property of any person who, without opening the envelop in which it was contained, should describe every particular respecting the note —such as its number, its date, the bank at which it was payable, &c., and who should read three English words, plainly written on a slip of paper, which was contained in the same envelop with the note," has not been awarded. The six months expired on the 31st March, but the time was extended to the 18th of April, to meet the convenience of a lady, a professor of mesmerism, and the authoress of an ingenious book on the subject, who arrived from London in the beginning of the month, and who expressed a wish to have some time longer to prepare her *clairvoyance* for the test. Six months and seventeen days having expired, and no person having appeared at the bank to examine the envelop, it was opened on the 18th instant, in the presence of Messrs. Ball and Doyne, and one or two other persons connected with the establishment. The note proved to be a printed check issued by the house of Messrs. Ball and Co. for £100, payable to Œdipus or bearer, and dated the 1st of October, 1845. The English words (written on a separate slip of paper) were, "To Œdipus alone." Although no person applied at the bank to inspect the envelope containing the note, some communications were received from different parts of England, and one from America, (but none from Ireland,) containing mesmeric revelations respecting the number of the note; and one letter (from Plymouth,) inclosed a picture, or (intended) *fac-simile* of it. It is unnecessary to add, that these mesmerically-inspired persons were mistaken in every particular.

Hydropathy—the Water Quackery in the year 1736. *As, described by the celebrated Rousseau.*—However, the country air failed to restore to me my original health. I was languid, and became still more so. Being sick of a milk diet, it was necessary to discontinue it. At that time water was the fashionable remedy for all diseases. I put myself on the cold-water system, and with such little discretion, that it nearly relieved me, not only of my ills, but of my life. Every morning, as soon as I was up, I went to the fountain, with a huge goblet, and

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drank, as I walked about, as much as two bottles full of water. I entirely left off taking wine at my meals. The water which I drank was a little hard, and difficult to pass, as mountain springs generally are. In short, I succeeded so well, that in less than two months I entirely destroyed the powers of my stomach, which had been very good up to that time. Being no longer able to digest anything, I thought it useless any longer to hope for recovery. At this time an accident happened to me, singular in itself, and in its consequences, which will only cease with my life.

One morning, when I was no worse than usual, whilst raising up a little table which had fallen, I perceived a sudden and almost inconceivable revolution throughout my whole body. I know not how to compare it better than to a kind of tempest, which, arising in my blood, gained in an instant all my limbs. My arteries commenced beating with such force, that I not only felt their beating, but I even heard it, especially the beating of the carotid. In addition there was a great noise in my ears, and this noise was triple, or rather quadruple—to wit, a deep hollow buzzing, a clear murmur like that of running water, a very shrill blowing sound, and the beating which I have mentioned, the blows of which I could easily count, without feeling my pulse, or touching my body with my hands. This inward noise was so great, that it destroyed that fineness of hearing which I had had formerly, and rendered me, not entirely deaf, but hard of hearing, as I have continued to be ever since that time.

One may judge of my surprise and consternation. I gave myself up for dead, and took to my bed. A physician was sent for, to whom I related my case trembling, supposing it beyond remedy. I think he thought so too; but he knew his business, and began long reasonings, of which I understood nothing at all. He commenced in animâ vili the experimental treatment which it pleased him to adopt. It was so troublesome and disgusting, and succeeded so little, that I soon left it off; and at the end of some weeks, finding that I was neither better nor worse, I left my bed, and resumed my ordinary habits of life, with the beating of the arteries, and the buzzing in the ears, which from that time—that is to say, for thirty years—has not ceased for one minute

I was constantly troubled with this noise. But I suffered no pain, or other inconvenience, except an habitual sleeplessness at night, and always had short breath, not amounting to asthma, but only making itself felt when I wished to run, or to make any active exertion.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

National Medical Convention.—At the meeting of the *Connecticut State Medical Society* on the 13th May, a resolution was adopted authorizing the county societies to elect delegates to the great National Medical Convention to be held in Philadelphia on the first Wednesday of May next.

Mortality of New York and Philadelphia.—The mortality in the cities of New York and Philadelphia, during the week ending the 18th of July, was almost unprecedented, the number of deaths in the former having been 425, and in the latter 251. A large proportion of the deaths were among children. In New York there died under one year of age 169, and in Philadelphia 108. Affections of the brain and digestive organs were the principal causes of mortality.

In New York there died of apoplexy, 31; coup de soleil, 21; convulsions, 51; dropsy of the head, 26; inflammation of the brain, 20; cholera infantum, 52; cholera morbus, 5; diarrhœa, 16; dysentery, 11; inflammation of bowels, 20; do. of stomach, 7; making 260.

In Philadelphia the deaths were from excessive heat, 7; apoplexy, 6; congestion of the brain, 4; convulsions, 19; dropsy of head, 5; disease of brain, 2; effusion in brain, 2; inflammation of brain, 7; cholera infantum, 46; cholera morbus, 4; diarrhœa, 7; disease of bowels, 1; dysentery, 6; hemorrhage from bowels, 1; inflammation of stomach and bowels, 7; inflammation of liver, 1; making 125.

During the succeeding week ending on the 25th July, the mortality diminished to its usual limits, having been in New York 284, and in Philadelphia 135.

Maryland Hospital.—Prof. FONERDEN has been elected physician to this institution, in the place of Dr. Fisher, who has been compelled to resign by impaired health, after a faithful service of ten years.

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Massachusetts State Hospital for the Insane, at Worcester.—Dr. CHANDLER has been elected superintendent of this hospital in the place of Dr. WOODWARD, resigned.

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Obituary Record.—Died, at Greencastle, in June last, Dr. JOHN M'CLELLAN, in the 84th year of his age. Dr. M'Clellan was a pupil of the late Dr. Rush. He commenced the practice of medicine in 1788, at Greencastle, and continued it with great energy and high reputation until some ten or twelve years ago, when he in some measure retired, dedicating his time to consultations and important surgical operations. As early as 1805 he extirpated the parotid, an account of which was published in the American Journal of Medical Sciences, for April, 1844.

FOREIGN INTELLIGENCE.

New Compound of Chlorine, Iodine, and Mercury, in Scrofula.—M. ROCHARD has communicated to the Académie des Sciences, Paris, a paper entitled "Trial of a New Compound of Chlorine, Iodine and Mercury, in the treatment of Scrofulous Affections."

The author reports a considerable number of cases, the results of which seem to him to prove that this composition, which M. Boutigni has made known, and designated by the name of "*iodhydrargirite de chlorure mercureux*," exercises an efficient action in scrofulous affections of the most serious character, and also in inveterate cutaneous diseases. He states that after having obtained some rapid cures in psoriasis lichen, chronic eczema, herpes, maculæ, &c., the idea occurred to him of extending its employment to the treatment of scrofula. He cites, amongst others, some successful cases of white swelling, with caries, and fistulous canals; of numerous enlarged indurated or ulcerated ganglia; of chronic ophthalmia, complicated with ulcerating keratitis of ulcerated lupus; of goitre; and finally of large scrofulous abscesses, succeeding to an anti-syphilitic treatment. In these several cases the action of the remedy was quick and permanent, though varying in the various forms of the diseases. M. Rochard employs the medicine externally in the form of ointment. —*Prov. Med. and Surg. Journ.*, June 3, from *Gaz. Méd. de Paris.*

—

Sulphate of Quinine in large doses, in Typhoid Fever.—M. PAUL BOUCHER has undertaken a series of investigations on the physiological and therapeutical action of the sulphate of qainine in large doses, in typhoid fever—a subject which has recently attracted much attention among French practitioners. The following are the conclusions which he thinks himself justified in forming, as the result of his own personal observations:—

1. The non-acid sulphate of quinine, in the dose of from two to four grammes in a mixture of 125 grammes, administered in spoonfuls by the mouth, every two hours or more, does not produce any serious consequences.

2. It is generally taken with repugnance; often immediately after having been admitted into the stomach producing a temporary nausea, and sometimes vomiting.

3. The mucous membrane of the digestive passages does not experience from it any injurious influence; there is only some slight sensation of heat in the course of the œsophagus to the cardia.

4. The eruption of the lenticular spots of the skin and sudamina is not modified, and it appears to be the same also with the intestinal eruption.

5. Its administration is often followed by a remarkable amendment, which is sometimes only transitory.

6. The apparent convalescence is generally rapid, but it is not the same with confirmed convalescence.

7. This apparent convalescence is owing to the modification of the general condition; the intestines not partaking in this modification.

8. The nervous phenomena and the slowness of the circulation which are caused by the quinine, soon cease when the administration of the medicine is suspended.

9. It diminishes the headache, and often causes it to disappear; the pain is then replaced by heaviness of the head.

10. It often hastens the return of natural sleep.

11. Finally, it does not appear that the sulphate of quinine should constitute a special method of treatment, but it may prove serviceable combined with other means.—*Ibid.*

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Granular Disease of the Pharynx.—During a year or so that M. CHOMEL's attention has been directed to this affection he has seen, or collected accounts of, about 30 cases. Of these, none has been observed in persons

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younger than 15. Of 22 cases occurring in his own practice, 17 were males, most of them (like women subject to uterine granulations) being also liable to herpetic eruptions, and especially to acne. In most there is also a peculiar form of the palatine arch, narrowing the nasal fossæ, and contracting the lips, so that these are never completely closed. Such persons sleep with the mouth half open, and awake with it in a very dry state, the pharyngeal follicles becoming, under these circumstances, excessively developed, in consequence of the constant evaporation of the buccal fluids produced by this contact with the air. Thus, also, the persons in whom the complaint is most frequently met with, are those who employ their vocal organs considerably, as orators, singers, advocates, professors, &c.

The affection usually comes on slowly, and excites little uneasiness at first, save from the constant hawking it gives rise to. This sometimes becomes quite sonorous, and is accompanied by involuntary attempts at deglutition, and if the irritation is propagated to the œsophagus, a frequent desire to drink. There is a dryness or itching in the pharynx, and the voice is more or less affected. The expectoration consists of transparent viscous globules of a slight opaque tinge, or streaked black or slate colour. On examination, we find the pharynx covered with little red points the size of hemp-seed, but sometimes being much more voluminous. They may be grouped into arabesque-like forms, into little discs, or as nipple-shaped projections. Granules are also usually found upon the palate and uvula, but then they are more discrete. The mucous membrane retains its normal characters.

The course of the disease is always chronic and remitting, it being especially troublesome in cold and damp weather. It never spontaneously disappears, and often obstinately resists treatment. Of 14 cases which M. C. had occasion to see at more or less remote periods after treatment, but 4 remained cured, the others being only relieved. The diagnosis of the affection is easy enough, as it obviously consists in hypertrophy of the numerous muciparous follicles of the pharynx. In *treating* the disease, M. Chomel has tried all descriptions of astringent gargles, &c., with but indifferent success, and when it proves obstinate, cauterizing the mucous membrane is the only means likely to prove serviceable, fluid caustics having been found more useful in his hands than solid ones.—*Med. Chirurg. Rev.*, from *Gaz. Medicale.*

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Quinine in Acute Rheumatism.—Three years have elapsed since M. Briquet communicated the success which attended the use of quinine in cases of acute articular rheumatism at the Hôpital Cochin. Several practitioners have resorted to it with the same result: but its employment has become by no means general, partly in consequence of too large doses being given at first, and various accidents in consequence ensuing. M. Briquet formerly gave from 4 to 6 scruples in the 24 hours, but now gives but from 1 to 4, discontinuing it when any sign of prostration manifests itself. He employs the neutral salt rendered soluble by sulphuric acid. From the first or second night sleeplessness disappears, and a little later there is a more or less marked diminution of the pain and swelling of the joints. From the third to the sixth day the rheumatism may become cured; but when the cure is so prompt as this there is usually some return of pain, with or without swelling, again requiring the use of quinine. As a general rule the patients are cured or notably relieved from the ninth to the twelfth day of treatment.—*Med. Chirurg. Rev.*, from *Gaz. Méd. Chirurg.*, No. 17.

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Thoracic Vibration.—M. C. Broussais states that he is surprised this sign is so much neglected in practice. In health it is much less marked in persons having weak or sharp voices, and in whom the cellular tissue is infiltrated or adipose, than in those whose voices are grave, and the walls of whose chests are of little thickness and only covered by their muscular layers. In disease it becomes *diminished*, in pleuritic effusion (and perhaps in the case of false membranes) re-appearing when the fluid is absorbed. It is *increased* in the induration of the parenchyma by red or gray hepatization, in chronic pneumonia, and when the tissue of the lung becomes condensed by pleuritic effusion, providing this be not too abundant, when the lung becomes reduced to nothing, or too sparing, when it is not sufficiently condensed.—*Ib.*, from *Gaz. des Hôpitaux*, No. 46.

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Rheumatic Carditis.—M. Chomel, in a recent clinical lecture, stated that he believed that affections of the heart as a conse-

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quence of rheumatism, are of exceeding rare occurrence.—*Ib.*, from *Gaz. Med. Chirurg.*, No. 13.

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Extemporaneous Vesication for Endermic Medication.—Place a piece of silver money on a plate, and lay upon it two circles of old linen of rather less diameter. Saturate these with *liq. ammon.* and then apply the apparatus, with its linen surface downwards, to the skin, and maintain an equable pressure with the finger. In ten minutes the skin is observed to redden at the circumference of the money, and on the apparatus being removed vesication will take place.—*Ibid.*, from *Bull. de Thérap.*

—

Compression of the Carotid in Epistaxis.—Two cases are related in which obstinate epistaxis was effectually arrested by temporary compression of the common carotid artery.—*Gaz. Méd. Chir.*, No. 23.

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The Varioloid Disease.—Dr. Ritter, of Rottenberg, has published a long paper on the varioloid disease, with historical researches on small-pox inoculation and the vaccine. The author sums up his researches with the following propositions:—

1st. The varioloid was known in Europe previously to the introduction of vaccination, and has no relation with it as a cause.

2d. The varioloid has been observed in vaccinated persons, in those not vaccinated, in those who have, and in those who have not had small-pox; sometimes occurring independently, sometimes at the conclusion of, or at the same time, as variola and the vaccine. It is not, therefore, a hybrid, but a special disease.

3d. In inoculating with the varioloid, persons who have or have not been vaccinated, or who have or have not had small-pox, pustules are obtained, in part varioloid, and in part resembling those of the vaccine—an evident proof of the special nature of the varioloid.

4th. If a mixture of small-pox and vaccine matter be inoculated, pustules which resemble one or other of these diseases are produced, but not varioloid pustules. This disease, therefore, is not a mixture of the other two.

5th. The varioloid is spontaneously developed in our climate under certain atmospheric conditions, and may be propagated by infection or inoculation and never become epidemic.

6th. Infection and contagion are not sufficient to occasion the varioloid to become epidemic; it is also necessary that the system be prepared to receive it by certain states of the atmosphere, epidemic constitution, &c.

7th. The varioloid is commonly a mild disease, and rarely fatal.—*Prov. Med. and Surg. Journ.*, from *Medicin. Corr. Blatt.*

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The Cholera.—According to the latest intelligence from India this disease was ravaging many districts and causing numerous deaths. It prevails at Aden, and is travelling westward.

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Ibrahim Pacha and M. Lallemand.—During the stay of Ibrahim Pacha in the capital of France, he was desirous of engaging the services of M. Lallemand, the author of the "*Pertes Séminales Involontaires*," as his medical attendant; the doctor accordingly gave up his practice for a considerable time, to attend on the son of Mehemet Ali, without, however, making any arrangement as to the fees or salary to be received for attending on the health of his highness; two or three days before the departure of Ibrahim Pacha for this country, he sent 50,000 francs ($10,000) to the learned professor. This sum was not considered satisfactory by M. Lallemand; he therefore respectfully submitted that he considered his fees should be estimated at 200,000 francs ($40,000). This intimation was very annoying to Ibrahim, who considering that, if he had undervalued the services of his doctor, the other had overvalued them, sent him an additional sum of $20,000, making in the whole the sum of $30,000, with which the learned gentleman expressed himself satisfied.—*Med. Times*, June 20, 1846.

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The Harveian Oration at the Royal College of Physicians, was delivered on the 27th of June, by Dr. Elliotson. The selection of Dr. Elliotson as the orator on this occasion has given great dissatisfaction to the profession in London, in consequence of the notoriety which he has acquired as a patron of mesmerism.

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Obituary Record.—Died, in Paris, aged 76, Baron Barbier, Principal Surgeon and Professor at the Val de Grace, and member of the Academy of Medicine.

——, at Edinburgh, May 29, Wm. Balfour, M. D.

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CLINICS.

Clinical Lecture on Disorders occasioned by the Development of the Dens Sapientiæ. Delivered at the Hospital of La Charité, by Professor VELPEAU.

Gentlemen,—As we have now in hospital an example of the disorders which are occasionally produced by irregular development of the wisdom tooth, I shall avail myself of the opportunity to direct your attention to a subject which has, hitherto, been too much neglected by medical men.

The patient to whom I allude is a strong, healthy young man; for the last few weeks he has complained of severe pain in the right side of the face and mouth, attended with so much swelling of the parts, that he is unable to open his mouth; the submaxillary glands are also considerably tumefied and painful. As it was impossible to ascertain the condition of the interior of the mouth, I endeavoured to subdue the inflammatory symptoms, by applying leeches near the angle of the jaw, poultices, &c.

As soon as I could depress the lower jaw a little, I passed a small wooden wedge between the molar teeth, and, by gradually increasing its size, was enabled to obtain a view of the interior of the mouth. The cause of the disease was at once manifest. Behind the fourth inferior molar tooth there was a large fungous ulcer, covered with vegetations, in the midst of which we could distinguish, by means of the probe, a hard body, probably the dens sapientiæ. I divided the fungous growth freely with a bistoury, and completely exposed the tooth. On the following day the pain had entirely disappeared; the tumefaction gradually subsided: alum gargles were now used, and in a very short time the patient was completely cured.

The disorders occasioned, gentlemen, by the development of the wisdom tooth, were but little known before the interesting memoir of M. Toirac, on this subject, was published; they may occur in connection with the superior or inferior tooth, but they usually accompany irregular development of the *inferior* one, and are then more severe and better marked.

The wisdom tooth should appear between the ages of eighteen and twenty-five years; but it often comes forth later, and in some cases at a very advanced period of life. M. Toirac saw the skull of a woman, who died at

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the age of 103; all the alveolar cavities were obliterated, but on one side of the lower jaw there was a wisdom tooth which was on the point of appearing. The idea of a third dentition has arisen, no doubt, from facts of this kind. The development of the lower wisdom tooth may occasion certain disorders, when there is not sufficient space for it between the last molar and base of the coronoid process; or when, with sufficient space, the direction of the tooth is vicious; this latter may occur in several ways; 1st, it may grow obliquely forwards, and press against the neighbouring molar tooth; 2d, or inwards, impeding the movements of the tongue, and causing excoriation, &c.; 3d, or outwards, the crown of the tooth being sometimes lodged in the parietes of the cheek; 4th, sometimes it gets locked in the base of the coronoid process; and 5th, it may be covered and impeded by the gum, as was the case of the patient mentioned at the commencement of the lecture.

It were easy to increase the number of irregular directions which the tooth may take; but they may all be reduced to the five species just described; I shall therefore proceed to give you an example of each.

Case I.—*Direction of the dens sapientiæ from behind forwards; arrest of the tooth by the neighbouring molar; extraction of this latter; cure.*

Madame R—, a young woman 22 years of age, began to feel, three or four months after marriage, a dull pain about the angle of the lower jaw, on the left side. The pain soon extended to all the teeth on that side, but was distinct from toothache. As the pain continued to increase in intensity during several months, the existence of rheumatism was suspected, and various modes of treatment employed, but without the slightest benefit. Opiates, blisters, steaming the part, &c., were tried next, but afforded no relief; a seton was then placed in the back of the neck, and kept open for a month; this also was unavailing. The patient now took sulphate of quinine, Meglin pills, tried acupuncture, and was finally sent to a watering town, after a consultation of physicians had been held on her case. She returned to Paris in the same state of suffering as when she left it, and called upon me; the teeth were carefully examined, but they were all white, well formed, and apparently sound; the gums were, at every point, pale and free from any affection; nothing denoted the approaching eruption of a wisdom tooth. I resolved, however, on ascertaining the condition of this latter, and divided the gum over it freely; on passing a small probe, I at once discovered that the dens sapientiæ was directed forwards, and arrested in its growth by the second molar; I therefore extracted this latter tooth next day, and within a week the lady was completely relieved of the torments which had reduced her to the most miserable condition. I had occasion to mention this case to M. Esquirol, and he informed me that a lady who had been brought to his institution labouring under mental derangement, was restored to reason by a crucial division of the gum, which liberated the wisdom tooth.

In order to understand the way in which disorders are produced by the dens sapientiæ, you should remember that, when the crown of the tooth appears at the edge of the gum, the root is far from having acquired its maximum degree of development; the point of the fang is still in a pulpy state, and as it gradually grows, the crown advances; in fact, the root of a tooth never descends, as the term might imply, but development takes place from within outwards; hence, should the crown of the tooth encounter any obstacle, the root is necessarily forced inwards during the progress of ossification, and more or less pressure is effected on the nervous and highly sensitive tissues which compose the dental pulp. Upon this principle, gentlemen, you can readily conceive the disorders which may arise when one of the wisdom teeth becomes locked in the base of the coronoid process, or is arrested in its growth by any obstacle, such as the gum, neighbouring molar tooth, &c.

Case II.—*Wisdom tooth projecting inwards, and producing ulceration of the tongue, resembling syphilitic ulcer.*

M. M., an artillery officer, 45 years of age, who had resided in the country since 1815, came to Paris to be treated for an old syphilitic affection, which he conceived to have been imperfectly cured. For several months he had suffered from an ulcer on the left side of the tongue, near its root; great pain was occasioned by the motion of the tongue during mastication. One of the first medical men in Paris ordered a course of mercury for him, but this remedy only aggravated the disease; and in the course of a fortnight the tongue was so swollen as to fill the whole cavity of the mouth. The gums

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were highly congested; the breath fetid, and the teeth loose. The mercurial treatment was now suspended, and the mouth soon presented the same condition as when M. M. first arrived at Paris.

On examining the tongue with care, I perceived at its root a sore, which bore considerable resemblance to a venereal ulcer; but as the patient's stomach was rendered sick by every attempt to examine the back of the mouth, our investigations were very imperfect. At length, however, I succeeded in discovering, about half an inch from the orifice of the dental canal, a hard body, completely concealed by a portion of the gum, and below this another hard body, which turned out to be the crown of the wisdom tooth, directed inwards towards the tongue. An attempt was made to extract the latter, but it broke off, and the fang remained behind; enough, however, had been effected to free the tongue, and in a few days the patient was completely cured.

This case, gentlemen, shows that from want of sufficient and careful examination, which we are, doubtless, to attribute to the irritable state of the patient, he was unnecessarily submitted to a course of mercury, which not only aggravated the disease, but injured his general health.

CASE III.—*Wisdom tooth projecting outwards, and lodging itself in the parietes of the cheek.*

Adelaide René, twenty-nine years of age, consulted me on the 23d of October, 1834, for a swelling of the right side of the face, with which she had been affected for several months. On the external surface of the cheek, at a point corresponding to the wisdom tooth, could be felt a hard and very painful tumour. On introducing the finger into the mouth, the cause of the disease was readily discovered; the wisdom tooth projected horizontally outwards, and its crown was lodged in the walls of the cheek. The extraction of the tooth would have remedied the complaint at once; but the neighbouring soft parts were too much inflamed, and the tooth itself was so decayed that it must have broken to pieces under the instrument. A small bit of hollowed cork was, therefore, introduced between the tooth and the cheek, and the inflammatory symptoms combated by appropriate means. Within forty-eight hours they were sufficiently subdued to permit the girl to open her mouth, and the tooth was extracted.

Deviations of this kind are very common, but they are seldom carried to the extent seen in the present case; the tooth generally inclines a little outwards, and does not produce any inconvenience until it becomes decayed, when the asperities of the crown excite ulceration in the surrounding parts.

CASE IV.—*Wisdom tooth arrested in its development by the base of the coronoid process.*

J. Boulanger consulted me on the 18th of October, 1825. The right cheek was swollen in the most extraordinary degree: the tumefaction extended from the eyelids to the clavicle; the face and neck presented the traces of several cicatrices arising from abscesses which had formed at various times. For the last twenty months the patient was unable to open his mouth, and his nourishment consisted in light broths, conveyed through an opening left by the absence of a small upper molar tooth; at about three inches from the angle of the jaw there was a fistulous opening which discharged a great quantity of purulent matter; and another one, lower down in the neck: on passing a probe into the first of these fistulous openings, it penetrated obliquely backwards for about three inches, and was then stopped by a hard body, which I suspected to be the dens sapientiæ. The health of the poor man had suffered very much; he was extremely thin, and complained of frequent colic, attended with diarrhœa; his digestive functions were also much deranged. Every means had been tried, but without success, to open the mouth so as to admit of extracting the tooth; I therefore endeavoured to force the jaw open by gradually introducing between the teeth portions of wood and cork; this had the desired effect, although the process was very tedious; the tooth was extracted, and in five or six days afterwards a sequestrum was discharged, which appeared to belong to the coronoid process; it bore the mark of the crown of the tooth, and thus indicated the obstacle which had opposed the development of the tooth. The second molar was now extracted; eight days afterwards a second portion of bone was removed, and from this time the tumefaction of the face and neck disappeared so rapidly, that at the end of twenty days the face had resumed its natural size and appearance.

This, gentlemen, is a very striking case; but occasionally we do not find it so easy a matter to disperse the swelling, particularly

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if it be of long standing; in such cases we must have recourse to pressure, which has a great effect in removing the tumefaction. Sometimes the disorders occasioned by a wisdom tooth are still more severe than any that we have as yet described; the following is an example.

Case V.—M. J., a gentleman about fifty years of age, had suffered excessive torture during the last two years. When I first saw him, the right side of the face was greatly swollen, and disfigured by numerous scars from old abscesses; the neck also was swollen down to the clavicle, and marked in a similar manner; the mouth remained half open and was distorted, the lower teeth not corresponding in range with the upper. The general health of the patient had been considerably affected by his sufferings; for the last four months he laboured under constant diarrhœa; fetid saliva, mixed with pus, flowed continually from his mouth, and his breath had become so horrible, that he was unable to inhabit the same room with his wife and children. He had passed several months in a *maison de Santé*, but without benefit. It was in this state that I first saw him, feeble, emaciated, and unable to walk without the support of two friends. A mass of fungous flesh which occupied the whole of the mouth on the diseased side was freely divided, and, after a long examination, a wisdom tooth was discovered in the base of the coronoid process. The tooth and whole of the process were removed, as were also several portions of the maxillary bone, with loose teeth, &c. The after-treatment consisted merely in the use of detergent gargles, and it was astonishing to see how rapidly the patient recovered his health and strength. Within a fortnight all bad symptoms had disappeared, and nothing remained but the deviation of the mouth, which was finally overcome by means of a bandage.

Case VI.—*Chronic inflammation of the amygdalæ produced and kept up by irregular growth of the wisdom tooth.*

Dr. Friard, while pursuing his medical studies, was attacked, in the summer of 1821, with pain in the throat, and in the following November with severe inflammation of the right tonsil. This condition was partly subdued by antiphlogistic measures, but the pain, &c., soon returned, and continued, in spite of every means, up to the year 1823. The teeth and gums appeared to be perfectly healthy, and a surgeon was about to extirpate the tonsil, when it was accidentally discovered that the wisdom tooth on the affected side had not yet made its appearance; the gum was now freely divided, but the portions of divided gum became inflamed, and had to be removed with the knife and caustic. The tooth was thus completely freed, and the obstinate inflammation of the tonsil soon disappeared.

This, gentlemen, is the only effectual treatment whenever the wisdom tooth is bound down by an indurated portion of gum: you must divide it freely by a deep incision, and it will be right to introduce a small plug of lint between the edges of the wound; the patient may complain of pain, but he must submit, for this is often essential to the success of the operation.—*Prov. Med. and Surg. Journ.*

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Mesmeric Infirmary.—The following advertisement from the London "*Times*" newspaper, of July 14th last, shows the progress of the mesmeric humbug in England.

"Mesmeric Infirmary.—At a meeting held at the Earl of Ducie's, No. 23 Belgrave-square, July 9th, this meeting, being convinced of the vast benefits derived from mesmerism in the cure of diseases, even the most intractable, as well as in the prevention of pain in surgical operations, and being desirous that its benefits should be more widely extended to the poorer classes than individual exertion can accomplish, it was resolved—

"1. That with this view a Mesmeric Infirmary shall be established, by voluntary contribution, for the application of mesmerism to the cure of diseases, and the prevention of pain in surgical operations.

"2. That this Infirmary shall be under the management of a president, vice-presidents, trustees, a treasurer, secretary, and committee.

"3. That the Right Hon. the Earl of Ducie be President.

"Vice-Presidents—Baron de Goldsmid, Viscount Morpeth, M. P., R. Monckton Milnes, M. P., J. H. Langston, M. P., the Rev. G. Sandby, jun., the Rev. T. Robertson. Treasurer—Mr. Briggs. Committee—Dr. Ashburner, Dr. Buxton, Dr. Elliotson; Mr. Clarke, Mr. Chandler, Mr. Flintoff, Mr. J. Hands, Mr. D. Hands, Mr. F. G. Johnston, Mr. Symes, surgeons; Major

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Buckley, Captain James, Mr. Blyth, Mr. Fradelle, Mr. Kingdom, and Mr. Topham.

Then follows a lengthened list of subscriptions received, in which we find the Earl of Ducie, Baron de Goldsmid, and Mr. Langston to have subscribed 100*l.* each, Mr. Murray and Dr. Elliotson 50*l.* each, and many others who were present, donations, or annual subscriptions, of 5*l.*, or as many guineas.

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Quack Advertising.—It is said that the notorious Morrison expended between the years 1830 and 1844, the enormous sum of 540,000 dollars in advertising his nostrum.

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Certificates of Medical Men to Quack Remedies.—Certificates of medical men to unqualified, ignorant, or unprincipled persons respecting preparations which are either universal, secret, or the objects of patents, have already been severely condemned on many occasions in the pages of *The Lancet*. But the subject is so important in itself, and its ramifications are so extensive and injurious, that very much remains to be said and reasoned regarding it. We hope to see the day when every man will, from conscientious feelings, refrain from granting such certificates under any circumstances whatever, and when every one who desires well of his profession, will take the most energetic means to remove any suspicion of collusion with quacks and quackery. If this feeling could be actively aroused in the profession, we should no more see quacks adopt the names of medical men, and forge their certificates to the most destructive and abominable nostrums, nor have to witness otherwise respectable men making themselves ridiculous by testifying to the virtues or harmlessness of the most inconsiderable trifles. We smile at the obsolete power possessed by the Archbishop of Canterbury, of making his footman or valet a doctor of medicine, irrespective of education, or any other claim to the honour; yet we tolerate the still more mischievous system by which professional men themselves make practitioners in medicine by the grant of certificates. But we hold that every certificate granted respecting medicinal talent or virtue to any extra-professional person or thing, goes as directly towards constituting the ignorant medical practitioners, as the most flagrant abuse of the power vested in the archbishop ever did or could. It is no use mincing about terms or titles; the men we produce below—Holloway, Hunt, Kiddle, Newberry, Da Silva, Stivens, Franks, Cockle, Smith, Ruspini, and the rest, are as much medical practitioners, engaged in obtaining money by prescribing medicines, or medical treatment, as Dr. Chambers or Sir Benjamin Brodie themselves. The more is the scandal that they should, any of them, be able to vaunt medical sanction of any kind to their, in many instances, nefarious proceedings.—*Lancet*, July 25, 1846.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

University of the City of New York—College of Physicians and Surgeons.—We learn with pleasure, from the annual announcement of this school, that it is in a very prosperous condition. The number of students the past session was 219. Within the last eighteen months the college has received some valuable donations, among which are an anatomical cabinet of four hundred valuable preparations from Dr. J. K. Rodgers; and an extensive cabinet of materia medica by Dr. J. R. Beck.

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Medical Department of Hampden Sidney College, Richmond, Va.—The number of students the past session was 74, of whom 17 received the degree of M. D. at the commencement in March last.

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Medical Society of the State of Tennessee.—The 17th annual meeting of this society was held in Nashville on the 6th of May last. Dr. A. H. Buchanan was elected president, Dr. D. M'Phail vice-president, Dr. Martin treasurer, Dr. C. K. Winston corresponding-secretary, and Dr. J. W. Stout recording-secretary. Dr. J. E. Manlove was appointed orator for next year.

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Dictionary of Dental Science.—Dr. Chapin A. Harris is engaged in preparing for publication a Dictionary of Dental Science, and with the hope of eliciting important information has issued a circular, proposing several queries, to which answers are requested.

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Baltimore College of Dental Surgery.—From the seventh annual announcement we learn with pleasure that this institution is in

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a prosperous state. A college building is now being erected, which will be ready, it is expected, the coming season.

FOREIGN INTELLIGENCE.

Compound Fracture of the Skull—loss of a portion of Brain—Recovery.—Mr. F. P. Smith relates in the *Provincial Med. and Surg. Journ.*, July 29th, 1846, the following interesting example of this accident:

"Oct. 1st, 1845, I was sent for to visit Thomas Keeler, a high-spirited, unmanageable boy, four years old, who, I was informed, had been seriously injured by a wagon about an hour before. On my arrival at his father's house, a distance of three miles from my residence, I was told he had been playing under a wagon in the field, and on its being driven forwards, he had fallen with his head between the spokes of the hind wheel; he was carried round by the wheel, and his head was forced between one of the spokes and an iron bolt which projected from the side of the wagon, a space measuring not more than three inches and a half.

"On examining the head, I found a most frightful lacerated wound of the scalp, extending from the right temple across the forehead, and terminating in the left eyebrow; the frontal bone was laid completely bare, and the right superciliary ridge from its external to its internal angle, including a portion of the orbitar plate, was torn up. On removing this, which laid loose in the wound, I found attached to it a portion of brain, of the size of the end of the little finger, and weighing about thirty grains; four other smaller portions of bone were also removed. After cleansing the wound, I brought the flaps together, retained them so by means of several sutures, leaving a depending opening at the outer angle. Lint, dipped in cold water, was kept constantly applied over all, including the eye, which appeared to have received irremediable injury. The little patient was placed in bed, an active purgative was given, and he was confined to a milk and water diet, which was continued for a fortnight. On the following day I found he had passed a tolerably quiet night, the medicine had acted freely, and in all respects he was very much better than I expected to find him.

"To be brief, the case progressed most favourably, without a single bad symptom; in three weeks the wound had healed, excepting a small opening at the outer angle; and at the end of six weeks he was playing about in his usual health. The sight of the right eye is gone and he is unable to raise the eyelid. After recovery, this boy exhibited the same restless and mischievous disposition as before the accident, which caused the loss of a portion of the cerebral substance."

—

Mode of arresting Hemorrhage from extraction of a tooth.—The editor of the *Lond. Med. Gaz.* states that he has known the most obstinate bleeding, following the extraction of a tooth and continuing for some hours, arrested by the use of the oil of turpentine on a pledget of lint, kept over the bleeding surface for a short time by moderate pressure.

—

Combination of Carbonate of Iron with Sulphate of Quinine in Intermittent Fever.—Prof. Lippich, of Padua, recommends the addition of the carbonate of iron to the sulphate of quinine in the treatment of periodical fevers. The following is his formula:—

Carbonate of iron - -	One gramme
Sulphate of quinine -	One gramme
Extract of taraxacum -	q. s.

To be made into a mass of proper consistency and divided into thirty pills, two of which are to be taken every two hours. The carbonate of iron may be gradually increased to two grammes.—*Gaz. Méd. de Paris.*

—

Coffee as a Remedy for Neuralgia.—It is stated that a female under the care of M. Piorry had after parturition been attacked with a neuralgic affection of the frontal branch of the fifth pair of nerves, which, after resisting a number of the ordinary remedies, yielded completely to a continued use for many days of a very concentrated decoction of coffee.

Another case also is mentioned, in which the success of this remedy was generally marked. A woman affected with the same form of neuralgia, which had been unavailingly treated with the valerianate of zinc and quinine, became cured by combining the use of strong coffee with the above remedies. The therapeutic effects of this drug were well marked in her: a draught of a very strong decoction of it at the commencement of a paroxysm of pain being quite sufficient to prevent its continuance.—*Lond. Med. Gaz.*, from *Gaz. des Hôpitaux.*

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Foreign Body in the Larynx.—M. Vogelvanger was called on the 29th February, 1840, to a little girl between five and six years of age, who was attacked with fits of intense suffocation. He was informed that the child, whilst playing near its mother, who was occupied in scraping some carrots, had seized a piece of this root, cut in the shape of a wedge, and nearly an inch and a half in length, and had put it in her mouth. It was supposed that whilst she thus held the piece in her mouth she was seized with gaping, and that at this moment the piece of carrot had slipped into the respiratory passages. A medical practitioner first consulted thought that the foreign body had entered the œsophagus, but emetics proved unsuccessful to disengage it, and water put in the mouth could be swallowed. It was concluded, therefore, that the piece of carrot had penetrated into the air-passages, and as the symptoms of dyspnœa were urgent, M. Vogelvanger decided immediately to have recourse to tracheotomy. The crico-thyroid membrane, the cricoid cartilage, and two rings of the trachea, were divided, and then with a stilet carried upwards, he sought to discover the presence and the position of the foreign body, but without success. The respiration had, however, become more free since the trachea had been opened, and it was remarked, also, that it became suspended each time that the wound was closed. Reflecting on these two circumstances, the surgeon drew the conclusion that the foreign body was in the larynx above the wound, and calling to mind the wedge-shaped form of the portion of carrot, he thought the difficulty in extracting it was attributable to the manner in which the fragment was situated in the larynx, its base being probably impacted in the cleft of this cavity, whilst its summit or thinnest edge turned downwards would be found free in the wide part of the larynx. Under this impression, having introduced a pair of dressing forceps as far as the foreign body, and placing the child's head back, he succeeded perfectly in pushing the piece of carrot with the forceps into the pharynx, from whence it passed into the œsophagus and was swallowed.—*Annales de la Société de Médecine d'Anvers: Gazette Médicale de Paris*, from *Prov. Med. and Surg. Journ.*, May 27, 1846.

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Treatment of Aphthæ by Sulphuric Acid.—Professor Lippich, of Padua, has recommended the following liniment in the treatment of aphthæ:—Honey 15 parts; diluted sulphuric acid, 1 part, by weight. The ulcerated surfaces should be occasionally brushed over with this liniment by means of a camel's-hair pencil. The proportion of sulphuric acid may be increased if the case is obstinate.

—

Singultus.—M. Rostan has recently employed with success strong pressure on the epigastrium in several cases of severe hiccup.

—

Progress of the Cholera.—The *Times* correspondent at Aden, of the date of June 3d, furnishes the following statement on the progress of this disorder.

"The cholera, which broke out so suddenly and unexpectedly on the 6th ult., has now almost disappeared. Only a few mild cases appear at intervals, from which the patients mostly recover. This happy and favourable change may be attributed to the setting in of the south-west monsoon, with its usual accompanying high winds and increased temperature, the thermometer in most houses ranging as high as 102° in the shade! We confidently look forward to the total disappearance of this dreadful epidemic in a very few days. It has been destructive in its effects; during the brief period which it has raged at Aden 400 inhabitants of the town have fallen victims—17 European soldiers, 7 Sepoys, and 30 camp followers, natives of India, have also perished. The proportion of recoveries to deaths is as one of the former to five of the latter. The shipping in the harbour, men-of-war and merchant vessels, have lost a few men from the same deadly disease. An English bark which left Aden on the 21st ult. in prosecution of her voyage to Moulmein, put back on the 23d. On anchoring it was ascertained that Captain Thomas Maxwell, the master, had died on the previous day from cholera. From accounts received from different places it appears certain that cholera is rapidly spreading through every part of Yemen, accompanied with fearful mortality. From Maculla and other ports to the eastward of Aden the same melancholy accounts have been received. It has reached Mocha, Jidda, Jambo, and almost every other port on the Arabian shore of the Red Sea. I expect to hear by the next steamer of its having reached Suez and other places in Egypt. No intelligence has yet reached

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Aden of the appearance of the scourge on the Abyssinian coast. I have instituted inquiries, and from all that I can collect on the subject, I have every reason to believe that the cholera appeared, but not in so severe a form (collapse), as in 1832 and 1833, and that it travelled by the same route as it is now doing. There is therefore every reason to fear that it is rapidly approaching Europe, and that it will soon be observed on the European side of the Mediterranean."—*Lond. Med. Gaz.*, July 3, 1846.

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Composition of the Atmosphere of crowded Rooms.—It is generally admitted that in crowded rooms a large quantity of carbonic acid is evolved, which accumulates more in the lower than in the superior part of the room. M. Lassaigne has submitted this popular belief to the test of chemical research, and finds that the carbonic acid is distributed with a remarkable degree of equality; but if it is more abundant in one region than in another, it is chiefly in the superior layers of the atmosphere.—*Med. Times*, July 25.

—

A Surgeon Fined.—A medical man in the south of France has recently been condemned to pay a fine of ten francs for refusing to give assistance to two poor persons who had been severely wounded. The ground of this person's refusal was a want of means of payment on the part of the injured persons.—*Med. Times*, July 11, 1846.

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Royal College of Surgeons.—Wm. Lawrence, Esq., F. R. S., has been elected President; and Benj. Travers, Esq., F. R. S., and Edward Stanley, Esq., F. R. S., Vice-Presidents.

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Austrian Academy of Sciences.—By an order in council, dated May 30th, the Emperor of Austria, on the proposition of Prince Metternich, has founded an Academy of Sciences in Vienna. This Academy is to have four sections, viz.:—Languages, history, the natural sciences, and belles lettres. The twenty-four first academicians will be appointed by the Emperor.

—

Universities of Denmark.—In the University of Kiel, in Denmark, there are at the present time 52 professors and only 200 students, or, statistically speaking, one professor to *four* students! This appears a low average, but we very much doubt whether, in taking the medical schools of London and the provinces, the proportion of students to professors and teachers would not be found even lower than this.—*Lond. Med. Gaz.*, June, 1846.

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Meeting of the Scientific Congress of France.—The fourteenth session of the Scientific Congress of France will be held at Marseilles on the 1st of September next. The managing committee have just published a report of the proposed proceedings to which they wish to call the attention of scientific men of all nations. The duration of the session will be ten days, and the labours will be divided into six sections: the natural sciences, agriculture, the medical sciences, history and archeology, literature, the fine arts, education, philology, the physical sciences, and mathematics.—*Med. Times*, June 27.

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Academy of Sciences—Prize in section of Medicine and Surgery.—Among the prizes awarded by the French Academy of Sciences on the 11th May last, we observe the first prize in medicine and surgery was awarded to M. Amussat.

—

General Council of Hospitals at Paris.—M. Orfila has resigned his seat in this council, in consequence of his differing in opinion from his colleagues, relative to clinical teaching.

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Ellis's Medical Formulary—Correction.—The publishers of this work respectfully request those persons who have the seventh edition, to correct a typographical error for the "MEDICATED HYDROCYANATE OF POTASSIUM," at page 83; wherein the symbol for an ounce is used in place of that for a drachm. The following is the correct prescription, and corresponds with the proportions directed in all the previous editions of the work:

℞.—Potassii hydrocyanici medicati, ℥j.
Aquæ destillatæ, Oj.
Sacchari purificati, ℥iss.

Fiat solutio.—Dose, a tablespoonful, night and morning.

—

Obituary Record.—Died, July 21st, 1846, in his 52d year, Mr. James Marsh, for many years chemical assistant to Mr. Faraday, at the Royal Military Academy, and well known as the inventor of an ingenious apparatus for the detection of minute quantities of arsenic.

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CLINICS.

Clinical Lecture on Abscess of the Axilla. By Prof. VELPEAU.

GENTLEMEN,—Of the various diseases which occur in the region of the axilla, abscess is certainly one of the most frequent; yet you will find but little information in surgical works on the seat, extent, and nature of purulent collections, in this part of the body. I shall, therefore, describe to you, to-day, axillary abscess, as I did, on a former occasion, abscess in the iliac region. With regard to their seat, we have several varieties of this affection.

1. *Superficial Phlegmonous Abscess.*—These are seated in the superficial layers of the cellular tissue. They are often the consequence of some critical effort of nature, or they may depend on neglect of cleanliness, and irritation of the sebaceous follicles, but seldom arise in consequence of injury to the upper extremities. As the cellular tissue in this part of the body does not present much of the areolar structure, the inflammation has little tendency to spread, and the phlegmon assumes rather the appearance of a boil; it cannot penetrate deeply, on account of the dense structure underneath, but advances rapidly to the skin. This kind of abscess is frequently accompanied by very severe pain, and almost always terminates in suppuration. Its treatment is simple enough; you have merely to apply emollient or opiate cataplasms to the part until suppuration is completed; if the abscess be slow in pointing, you may excite it by some stimulant plaster. Open the abscess as soon as you can, and do not wait until the skin has become very thin.

2. *Phlegmonous Erysipelas.*—This variety is usually seated in the deep layer of the subcutaneous cellular tissue; hence the inflammation has a tendency to spread, because the layer alluded to is continuous with the same structure in neighbouring parts. The

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inflammation, in cases of this kind, is severe, and not unattended with danger; the fever is often very high; the character of the pain dull, lancinating, or pricking. It sometimes extends to the deeper layers of cellular tissue, and occasions deep abscess. Phlegmonous erysipelas of this region commonly terminates in suppuration; sometimes in induration and the formation of tumours, which afflict the patients during the rest of their lives. When the matter comes forward towards the skin, instead of burrowing down on the fascia, the case is more favourable; it then becomes circumscribed, and when the matter is discharged the abscess soon heals. The treatment consists in the application of a large number of leeches to the inflamed part, an antiphlogistic regimen, poultices, &c.; still I must confess that all my efforts have never enabled me, in a single instance, to prevent the formation of matter. I have already spoken to you at considerable length on the subject of diffused phlegmon and its treatment, and shall not, therefore, recur to the subject here, further than to remind you that the means on which I place greatest reliance are incisions and blisters.

3. *Glandular Phlegmon.*—Acute inflammation of the axillary glands may arise from various diseases or accidents seated on the chest, arm, or fingers, &c.; it may extend towards the skin or the upper part of the axilla, and remain, in the latter case, concealed for a long time. This is the form which we so often see in medical students, as a consequence of dissecting wounds. It may, however, arise without any evident exciting cause, when it is slow in progress and attended with little suppuration. In acute inflammation of the glands of the axilla, the disease so spreads to the surrounding cellular tissue that suppuration is all but inevitable; the chronic form may be confined to the ganglia, and give rise to various secondary affections of these organs.

In the treatment of glandular phlegmon of the axilla, you must have recourse to general and local bleeding, by which the formation of matter is often prevented; poultices are then applied, and the abscess opened when it is ripe. You must not, however, be in too great a hurry to use the lancet, lest infiltration of pus into the surrounding parts should occur. This form of abscess is not attended with any serious consequences, unless the inflammation extend to the cellular tissue of the axilla.

4. *Deep Phlegmon.*—Here the inflammation is seated in the cellular substance which fills up the cavity of the axilla; it is the most dangerous form of all; the inflammation may extend in various directions, between the pectoralis major and chest, the clavicle and muscles, under the scapula, between the trapezius and latissimus dorsi, &c. In other cases we find the inflammation extending to the neck between the clavicle, first rib, and edge of the scapula, along the course of the nerves; or it may pass into the chest, through the mediastina, and excite inflammation of the pleura. Purulent matter forms with great rapidity in cases of the kind now under consideration; we must, therefore, employ the most active measures, without delay, to prevent the disease extending to the neck or chest. General and local bleeding, emollients, &c.; in a word, the strictest antiphlogistic measures are required. When the abscess has formed, you must open it at once, to prevent infiltration of the pus.

Axillary abscess, gentlemen, may arise from causes other than those which I have just mentioned. It may depend on caries of the ribs or clavicle; disease of the scapula, head of the humerus or shoulder-joint. Deep-seated abscess of the neck, or matter from the chest, may extend to the maxillary region. In 1829 I amputated the arm of a young man who had received a gunshot wound; shortly afterwards an abscess formed in the shoulder, and then another in the axilla; the patient died. On examining the body, I found that the pus had perforated the capsular ligament of the shoulder-joint, and thus found its way into the axilla. In 1831 I saw a similar case at La Pitié, in a man who died after amputation of a finger. In many cases I have seen enormous abscess of the axilla produced by caries of the upper ribs; in the case of a patient cut off by phthisis, the pulmonary abscess is communicated through an oblique channel, with a collection of pus in the axilla; in other cases these abscesses were produced by the laceration of tissues during violent exertion of the limb. Whatever be the cause of deep abscess of the axilla, it is a disease which requires the utmost attention of the practitioner. The anatomical arrangement of the parts in this and the neighbouring regions, explains how the pus may extend in a variety of directions. It usually follows the course of the nerves upwards, and reappears at the lower part of the neck. Unless arrested by

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the fascia which descends from the clavicle to the humerus and pectoralis minor, it will extend forwards between the shoulder, clavicle, and thorax. In rarer cases the abscess first works its way downwards, and then descends behind the scapula. Sometimes we find the matter spreading in all these directions at once. I remember a case in which the pus first appeared between the spine and posterior edge of the shoulder; it next pointed in the fossa supra clavicularis, and finally in front of the chest. The three collections of matter communicated with the original abscess of the axilla.

Another patient presented evident marks of fluctuation at the base of the axilla and lower part of the neck, with a third abscess in front; a single puncture with the lancet evacuated the three collections. In the year 1831 I saw, at the Hospital of La Pitié, a young boy with an abscess over the shoulder; this was opened on the following morning; it communicated with a second abscess seated between the pectoralis minor, chest, and serratus. In several other instances I have seen abscess of the axilla penetrate into the chest and produce speedy dissolution.

The most dangerous consequences, gentlemen, frequently result from abscess in this region of the body, yet authors make little mention of the subject; in a few works, however, we have some well-marked cases. The son of the celebrated surgeon, Petit, died from an abscess of this kind. Fabricius Hildanus says positively that a child, eighteen months old, was cut off by an abscess of the axilla, which separated the pleura from the ribs and attacked the lungs; the disease commenced at the age of two months. We have some examples of a similar effect of axillary abscess in the writings of Ravaton, Delamotte, &c. You see, then, how necessary it is to distinguish the first two species of this affection from the last, which is so dangerous.

Various opinions have been given on the treatment of axillary abscess. Some authors advise us to open them as soon as possible; others are of a diametrically opposite opinion: but this point must be decided by the nature of the case; one is right, if the abscess be confined to the glands; the former correct, when the matter is seated in the depth of the axilla; my own opinion is, that we should give an early discharge to the matter in all cases of axillary abscess, except those affecting the glands. The contrary practice is attended with many inconveniences. In cases of superficial abscess, the latter mode of proceeding would give rise to considerable suffering, and the danger of purulent infiltration; while the third species of abscess evidently requires to be opened without delay; any hesitation on the part of the practitioner would be an unpardonable imprudence. The deep-seated abscess may be opened before it is quite ripe; the inflammatory tumefaction is thus more quickly dissipated; besides, you should remember that a long time may pass over before you can feel the fluctuation distinctly, from the depth and yielding nature of the parts. A working man was admitted into La Pitié, in 1832, with severe pain and swelling in the axilla; the febrile symptoms ran high, and there was every sign of an extensive abscess, except fluctuation; the skin was not discoloured. I plunged a bistoury into the axilla to the depth of at least three quarters of an inch, and evacuated a glassful of pus. The opening, in these cases, should always be free, for, unless you make a large incision, the matter continues to burrow, and the abscess is only partially emptied. Much caution is, of course, required in operating on such a region as the axilla, where so many important vessels and nerves exist; to avoid danger, you should direct the instrument upwards and inwards, the point being carried towards the upper part of the walls of the chest; in this way you may open abscesses of the axilla without fear of wounding anything except the glands, the thoracic branches of the subclavian, and some nervous filaments. Should the abscess be large, it is unnecessary to press out the matter; it is even better to leave the evacuation of the pus to the natural contractility of the parts: strong pressure may have the effect of allowing the introduction of air into the cavity, and the subsequent deterioration of its contents.—*Prov. Med. and Surg. Journ.*

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Medical Quackery.—It would produce a singular and humiliating effect were we to make a list of the names of the medical gentlemen who have attained to the greatest eminence and emoluments in medical practice in modern times, together with what these practitioners have severally done to denote superior attainments in medical science. Twenty years ago, the names of

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HALFORD and of WARREN were those most in that kind of honour generally and quaintly called vogue. Have those worthies left anything behind them, either in the form of publication, or in history, to testify to their great attainments? Can anything be more superficial or flimsy than the pseudo-medical essays of the one, or the single medical paper of the other? If these specimens be taken as the test of their medical attainments, we are forced to the conclusion that these attainments must have been of the most shallow order.

What, then, was the source of their success?

It was said of these physicians of that day, that the one was the monkey, the other was the bear; that the former won his way by fawning and flattery, the other, by his very brusqueries and rudenesses.

Persons of a higher order in medical attainments have attained success by artifices of a different kind. Great gravity of demeanour, marked eccentricity in its various kinds, epigram, worldly tact, have each and all had their immediate effects, and have all tended to degrade the profession of medicine. Trickery, a confident tone, assumption, pretension, canting, manner, even person,—all have had their influence. But most of all, the presumptuous quack, who will say, in a manner either express or implied, "You will get well;" "I can cure you;" will succeed before the honest, truth-telling, and modest physician, whatever his science and attainments may be.

There is something, too, very taking in mystery; witness the history of mesmerism and homœopathy; and there is something piquant in gambling, witness that thing of power and danger, hydropathy. There is much in the power of a name to seize on feeble minds, such as the "wasser-kur," the "cure des raisins." There is much in novelty, even down to mustard-seed, or brandy-and-salt. Some are to be caught like silly flies in a spider's web; others, like ferœ, require meshes of some strength. Extremes meet here. The nothingness of homœopathy, and the risks of hydropathy, equally suit persons of different casts of mind. Next to this come superstition; the royal touch; the stroke of a dead man's hand; amulets, galvanic rings; all that excites expectation.

Nevertheless, there *is* a legitimate medicine; and legitimate success will, we venture to affirm, always follow in the wake of the just, modest, and truthful display of sound science and skill, without any of those buffooneries to which so many have owed a success of a more equivocal kind. BAILLIE was neither bear nor monkey, and he succeeded in a better and more elevated sense than his compeers of that day; and what is far more, he has left behind him a good fame, and an example worthy of imitation to all subsequent aspirants for medical eminence. And his success depended on a simple but just diagnosis of the disease, and the simple and just display of this science in his plain explanations to the patient or his friends. It was the triumph of science, of truth, over that form of quackery which we will call chicanery, and over those weaknesses, follies, and wickednesses, set forth in the success of the cheating and the cheated in all the province of dupedom.

We do not mean to say that the triumph of science and truth is ever so flashy as that of trick or chicanery; for few who practise as BAILLIE and JENNER practised, will build either cities or palaces; but they leave an honest name, and they raise the true temple of medical science, in which alone the art can issue, for the mitigation of pain and of suffering—an object far different from that of pampering a morbid and selfish appetite for popularity and wealth. With what exultation do we dwell on the perennial virtues of such a character as WELLS, however unrewarded, compared with those of a thousand moneyed tricksters.

Many and various have been the devices for attaining public notice, besides those we have mentioned; and much as we are disposed to grumble about the decadence of medical science in some respects, we are compelled to admit that some progress has been made since medical success depended on a gay carriage, a gold-headed cane, frills and ruffles, or a well-trimmed wig. The last of this race (the gold-headed cane is locked up in a corner of the College of Physicians) was the late Dr. HAMILTON, of Edinburgh, more deservedly known by his useful work on purgative medicines; a cocked hat and gloveless hands were his peculiarities. One gentleman, a living octogenarian, and famous, in former days of apothecary-craft for his draughts and pill-boxes, is distinguished by the tight garments which encase his nether limbs. Another is known far off by enormity of frill, projecting

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like the jib-sail of a yacht, well filled by a brisk breeze. A third is cognizable by his well-blacked hessians, famous as those of Day and Martin, when cats and cocks fought with shadows in jet, the great tassels of his boots and his Malacca moving in triple time to his sturdy walk. But these tricks of the outer garment are fast fading away, and, recently, some eccentricity of saying or doing has taken its place. Who has not heard of the ridiculous and the profession-degrading trick of that quack of the first water, who, when a lady-patient imagined or pretended that she could not walk, drove her a few miles out in his carriage, coaxed her to alight, and left her in the middle of the road, to scramble home to her hotel as she best could? And even this low mountebank succeeded wonderfully. A more common mode of success is to write a book for the express purpose, (no matter how flimsily,) on nervous disorders, or on consumption, or on diseases of women attended by discharges, or on some branch of domestic medicine. The book must be well—we mean continually and for a long time—advertised in *The Times;* and by way of blind, and to obtain a slight degree of medical sanction, some advertisements should be sent to THE LANCET. These advertisements are the blue-and-red lights of this part of the profession. By such means we have known even a baronetcy obtained.

A new remedy, or rather, a new drug, has made a man's fortune. Unfortunately, the naphtha was short-lived. A new system does better: homœopathy, to inveigle silly lords and ladies, and hydropathy, to suit the more adventurous, are more effective than a new remedy. Nothing is too great or too little, too violent or too silly. Mesmerism, homœopathy, St. JOHN LONG—anything, everything, finds senseless advocates. We understand, the defender of ELLIS, the lace-dealer, on his trial for manslaughter by the water-death, had just returned from sitting and douching at the "groves of Petersham," with a new version of the "Groves of Blarney." Lawyers are a notorious prey of quacks; even judges are infected, and the hygeist boldly claims the late Justice TINDAL as a partizan Surely, the noble and gentle are very silly and very simple. Earl DUCIE, and Lord MORPETH, a cabinet minister, become the patrons of a mesmeric infirmary; the former, it is said, has a female mesmerist of the OKEY school, from whose diurnal titillations and shampooings the noble earl has received much bodily invigoration. Lord ROBERT GROSVENOR and the Earl of WILTON run the gauntlet of common sense another way, and patronize the Homœopathic Dispensary in Hanover-square. The quacks have not had the assurance as yet to start, but only to propose, a hydropathic hospital; we may, however, daily expect a newspaper prospectus for dispensing the water-death gratuitously to the poor. No sooner does Sir FRANCIS BURDETT, the patron of a thousand quacks, with a kind of poetical justice, get killed by hydropathy, than another baronet, Sir E. B. LYTTON, steps to the aqueous leadership. Are these lords and gentlemen Malthusians in disguise, aiming at nothing less than our redundant population? We have often thought how these three illustrious quack-leaders, MORPETH, DUCIE and LYTTON, must laugh at each other. * * *

A rich source of practice exists in regard to the sexual function, both in men and women. This department is in the hands of some low and vile miscreants; but we fear the speculum vaginæ, like the rectum bougie, is needlessly used by some who carry a fair reputation. Nowhere is it so necessary, as in this instance, to draw an unmistakable line of demarcation between the upright medical man and the loathsome harpies who trade in impotence and pollution.—*Lancet*, Aug. 1, 1846.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Health of the Army on the Rio Grande.—We learn from our friends who have just returned, and by letters from the army, that the volunteers are suffering greatly from diarrhœa and dysentery, arising from bad water, bad weather, and diet, to which they are unaccustomed. The chief sufferers are the regiments from Tennessee, Indiana, and other States in that region. This is not to be wondered at, as the change of climate and mode of living, are so marked. It will be very fortunate if the campaign does not prove *disastrous* from sickness. No serious mischief seems to be apprehended from *Mexican bullets or bayonets.* The volunteer regiments now on the southern banks of the Rio Grande, from the States of Ohio, Illinois, Indiana, Tennessee, Mississippi and Alabama, are composed, in a great measure, of *the flower of our youth*, who have been

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suddenly ushered into a *climate and service* to which they are altogether unaccustomed. —*New Orleans Med. and Surg. Journal*, Sept., 1846.

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Medical School at Buffalo.—A charter for a University at Buffalo has been granted by the Legislature of New York, and the medical department has been fully organized. The following constitute the faculty: *Chemistry and Pharm.*, J. HADLEY, M. D; *Physiology and Med. Jurisp.*, C. B. COVENTRY, M. D.; *Gen. and Spec. Anat.*, JAMES WESTER, M. D.; *Path. and Mat. Med.*, C. A. LEE, M. D.; *Princ. and Pract. Surgery and Clin. Surgery*, F. H. HAMILTON, M. D.; *Obstet. and Diseases of Women and Children*, J. P. WHITE, M. D.; *Princip. and Pract. Med. and Clin. Med.*, A. FLINT, M. D. The first course will commence in the latter part of February, 1847.

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East Tennessee Medical Society.—This association held its second meeting on the 7th May last. A resolution was adopted requiring the secretary to correspond with the State Societies in relation to the propriety of petitioning the Legislature to regulate by law the practice of medicine. The second annual meeting will be held at Jonesborough on the first Thursday in May, 1847.

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Preliminary Education.—One of the resolutions adopted by the National Medical Convention, declares "that it is desirable that young men before being received as students of medicine, should have acquired a suitable preliminary education." The committee appointed under this resolution, to report on the standard of acquirements, are busily engaged on the subject, and would be pleased to receive from Professors in the different Medical Schools and private teachers, their views in relation thereto. Communications should be addressed to Dr. J. COUPER, Newcastle, Del.

FOREIGN INTELLIGENCE.

Effect of Cold in inducing Dropsy.—A case of what may be termed inflammatory dropsy lately occurred in the wards of M. Champouillon, and affords a striking illustration of the effects of cold in producing this form of disease. A young and previously healthy man, whilst in a state of perspiration, washed his face, arms, and legs, in cold water, and also drank a quantity of it. On the following day he was admitted into the hospital, in a state of universal œdema, and his urine loaded with albumen. He was shortly afterwards attacked by epileptic paroxysms, which followed each other in rapid succession; during one of these the man died a few days after his admission. On examining the body there was found some serous infiltration into the sub-arachnoid tissue; and the kidneys were loaded with blood.—*Gaz. des Hôp.*, May 9, 1846.

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Tuberculous Abscess of the Lungs opening externally.—M. FORGET, of Strasburg, read at the Academy of Medicine in Paris, the details of a patient affected with pulmonary phthisis, in whom there was developed on one side of the chest a fluctuating tumor, with emphysematous crepitation. This tumour opened spontaneously, and gave exit to both pus and air; a fistula, which closed and again opened at different times, persisted to the death of the patient, which was accelerated by the appearance of a pleuritic effusion occupying the entire thoracic cavity. At the autopsy, a tuberculous caries of the seventh and eighth ribs, corresponding to the abscess, and a fistulous opening establishing a communication between the exterior of the chest, and the interior of the lung appeared. Tubercles existed in the lungs, and liquid and false membranes in the pleura.

M. Velpeau observed to M. Forget, who believed this case unique, that he possessed himself six analogous to it, two of which were even still more curious, for the fistula opened on the lateral parietes of the neck, below the ear.

M. Blandin related likewise three facts similar to that of M. Forget. He spoke of tuberculous abscesses communicating with the lung, which he had opened in the practice of Messrs. L'Herminier, Honoré, Rostan.—*Gaz. Méd. Chir.*, No. 1, 1846, p. 8.

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Importance of accuracy in Diagnosis.—A case is mentioned by M. Rostan, which affords a good example of how much the right treatment of a disease depends on a methodically conducted examination into all the particulars likely to bear on the affection. A female became the subject of an obstinate constipation. The first medical man who saw her suspected the existence of some inflammatory affection, and prescribed the application of leeches. No beneficial effects resulting from this plan of treatment, an-

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other physician was consulted, who ordered purgatives: these, however, produced only temporary relief, and a third medical man was accordingly summoned. He went more methodically to work in his endeavour to find out the real cause of the complaint; he examined the abdomen, and found an ovarian tumour, which was compressing the rectum, and so mechanically caused constipation. The position of the patient in bed was altered so as to relieve the rectum from pressure, and the bowels at once acted.—*Gaz. des Hôpitaux*, April 18, 1846.

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Treatment of Hydrocele by Alcoholic Fomentations.—Dr. Pleindoux, of Nismes, relates the following case:—A wine-merchant of Nismes had been affected for a considerable time with a considerable hydrocele on the left side of the scrotum, and for private reasons requested a palliative treatment. A puncture was made on the 11th October, 1844, and more than a pint (*demi-litre*) of water drawn off. Nine months after a second puncture, simply to evacuate the fluid, was made. It then occurred to the patient to envelop the scrotum with a large compress, doubled four times, and steeped in alcohol of 30 degrees. This application, kept in its place by a suspensory bandage, was renewed every evening. The first effect was to produce great contraction of the scrotum. A slight sensation of cold only was experienced, which remained some minutes. These fomentations were continued forty days, and the patient was completely freed from his hydrocele, which has not returned during eighteen months.

Having observed this fact, M. Pleindoux repeated the application on the first occasion which presented itself, and has now done so four times successfully.—*Monthly Journal Med. Sci.*, June, 1846, from *Encyclographie Méd.*, April, 1846.

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Inhumation of Living Individuals supposed to be Dead.—According to an official statistical account, the number of premature interments, interrupted by fortuitous circumstances alone, have amounted, in France, since 1833, to 94. Of this number, 85 persons have awoke from lethargy themselves, at the moment when the funeral ceremonies were about to commence; 13 have been awaked under the excitement of means practised by the tenderness of the friends; 6 in consequence of the fall of the coffin in which they were confined; 9 owe their recovery to punctures made in the body on attaching the grave-clothes; 5 to the feeling of suffocation they experienced in the coffin; 19 to the accidental delay of the burial; 6 to voluntary delay, caused by doubts of death.—*Ib.*

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Obliteration of the Œsophagus.—Prof. Levy, of Copenhagen, relates two cases of this malformation, in the *Neue Zeitschrift fur Geburtskunde*. The first case was that of an infant, apparently healthy when born, but which was unable to suck, and rejected everything that was administered to it. The day after birth a catheter was introduced into the œsophagus, but was arrested at a depth of about four inches. Milk injected through the catheter was immediately returned by the nose and mouth, producing symptoms of suffocation. Closure of the œsophagus was accordingly diagnosticated, and some broth was injected into the rectum. At the period of its birth, the infant weighed six pounds and a half; forty-six hours afterwards it only weighed five pounds and a half; fifty-eight hours after, it weighed five pounds and a quarter; seventy hours after birth, it weighed five pounds and an eighth; eighty-two hours after, five pounds. The infant died eighty-three hours after birth. The child lost, therefore, during four days, one pound and a half in weight, half-a-pound being the loss during the last two days. The urine and feces presented a natural appearance; they were passed at long intervals, and scarcely exceeded the weight of the broth injected. On post-mortem examination, the upper portion of the œsophagus was found to terminate in a cul-de-sac, in which the catheter introduced by the mouth, was arrested. This sac was about an inch long, and twice the size of an ordinary œsophagus. The structure of the muscular fibres presented nothing abnormal, except that they converged towards the truncated extremity of the tube. The inferior portion of the œsophagus was connected with the trachea and larynx; so that a catheter introduced through an incision in the cardiac extremity of the stomach, passed easily through the trachea and larynx into the mouth. The communication between the trachea and the œsophagus took place about a line below the bifurcation of the trachea, and was formed by an oval opening, three lines long and one line wide. The posterior wall of the air-duct and the respiratory mucous membrane were

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continuous with those of the digestive canal. In the second case, the fœtus was born before the full period of gestation, and died immediately after birth. In this case, Professor Levy found, besides several malformations in the region of the pelvis, that the upper part of the œsophagus terminated in a cul-de-sac, and that the lower communicated with the right bronchus. The communication of the tube with the trachea differed from that in the former case, inasmuch as the œsophagus contained some cartilaginous rings in a part of its extent. With the exception of the case of Martin, republished in the pathological anatomy of M. Andral, Professor Levy has never seen any other examples of this malformation than those just related. These cases support the opinion of those who regard monstrosities as arrests of development.—*Med. Times*, Aug. 8, 1846.

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Albuminous Nephritis in Pregnant Women.—This subject has been the object of the particular study of Dr. Cahen, late *interne* of the Parisian hospitals. The following is the result of his experience:—In pregnant, but healthy women the urine is never albuminous; it should be tested with the greatest care where the patient complains of unusual lumbar pains, &c., when the lower extremities or the face are the seat of any œdema. Pregnancy seems to favour the production of albuminuria; and this complication is a frequent cause of premature delivery, and of convulsions. Indeed Dr. Cahen asserts that he never met, in any case, with albuminous urine during pregnancy, without the discovery being followed by one or the other of the accidents above mentioned. After confinement the urine generally returns rapidly to a healthy condition; the anatomical alterations observed, after death from convulsions, all belong to those attributed to granular kidney. The best treatment consists in venesection.—*Ibid.*, Aug. 29, 1846.

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Cultivation of Rice.—There has been recently made in the environs of Arles an experiment in vegetable chemistry of the greatest interest. The cultivation of rice has been tried on the lands salted by the mouths of the Rhone, and has perfectly succeeded. This eminently productive culture has, besides, the advantage of taking the salt entirely from the soil, which is an alluvial soil of the first quality, so as to render it suitable for all natural productions. This year 300 hectares have been converted into rice grounds, an example which will doubtless be promptly followed.—*Ib.*

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Embalming Plants.—A Swedish botanist asserts that he has discovered a method of embalming plants. He has imparted his discovery to the Academy of Stockholm, and has sent there a rose-tea plant which he embalmed by this process in 1844, and which is still in a perfect state of preservation.—*Ib.*, *Aug.* 22, 1846.

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Sporadic Cholera in London and Paris.—It appears from the late journals that sporadic cholera has prevailed during the past summer to a very great extent in London and Paris. According to the *Gazette Médicale* (August 15th) two forms of cholera have occurred in Paris—one characterized by great mildness and the other by great severity in the symptoms. In all instances diarrhœa has for several days preceded the attack. No case has, it is said, proved fatal.

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Singular Epidemic in France.—A singular epidemic disease has lately shown itself in the valley of the Isère, from Dauphiny to the Tarentaise. It is of a febrile character; its attacks are very sudden, and are indicated by pain in the region of the kidneys, headache, nausea, and vomiting. Although its course is mild, and there is no instance as yet of its having proved fatal, yet the consequences have been serious, inasmuch as it has attacked large numbers of the labouring population at a time when their services were urgently required for the harvest. At a village in the district of Molettes this fever has attacked 160 out of 400 inhabitants.—*Lond. Med. Gaz.*, Aug. 21, 1846.

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Obituary Record.—Died, in London, Aug. 6th, of an attack of cholera, John Bostock, M. D., F. R. S., at the age of 73. He was well known in this country by his valuable Elements of Physiology and other writings.

——, in Paris, in the 36th year of his age, Dr. Thibert, the inventor of very beautiful artificial anatomical and pathological models in relief.

——, in London, Aug. 13th, George Langstaff, Esq.

——, Dr. Gaste, physician-in-chief to the French in Africa.

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CLINICS.

Clinical Lecture on Permanent Contraction of the Fingers. By Prof. VELPEAU.

Gentlemen,—Permanent flexion or contraction of the fingers depends on a great number of causes; it may arise from wounds, paralysis of the extensor muscles, anchylosis of the joints, tumours, shortening of the tendons, irregular cicatrices, &c. On the present occasion, however, I wish to direct your notice to that form which depends on contraction of the palmar fascia, or on the formation of fibrous bands extending from the palm of the hand to the fingers, and binding down the latter in their irregular position.

Before the remarks published in 1831, by Dupuytren, followed up by those of MM. Lemoine, Mandet, Vidal, Goyraud, &c., permanent contraction of the fingers had not been much noticed by surgeons. Boyer alludes to the affection under the name of *crispatura tendinum;* Sir Astley Cooper, also, speaks of permanent retraction of the fingers and toes, which he attributes to contraction of the sheaths of the tendons or of the palmar and plantar aponeuroses. Dupuytren has clearly shown that the tendons are seldom engaged in this affection, but he has not so evidently demonstrated that it depends on induration, or shortening of one or more bands of the palmar fascia.

The disease now under consideration is characterized by the formation of certain bands or chords, which are elevated beneath the skin, and extend along a considerable portion of the palmar surface of the finger; these bands generally occupy the median line, and are attached usually to the first phalanx, but sometimes prolonged to the second or third. According to Dupuytren, this disease generally begins on the ring finger, and thence extends to the little finger; it increases gradually, without occasioning pain; the patient, at first, experiences a feeling of stiffness in the palm of the hand, and is unable to extend one or more fingers; the latter soon become contracted, and in extreme cases, the tip of the finger rests on the palm of the hand. On examination, the first thing which we notice is a

Published Monthly by LEA & BLANCHARD, Philadelphia, *at One Dollar a year, and sent* GRATUITOUSLY *to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for July.*

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chord extending along the palm and finger: if you attempt to straighten the finger, this chord becomes more tense, and it disappears when you flex the finger completely; it is rounded off in shape, and forms a kind of bridge or prominence at the metacarpo-phalangeal joint. The skin is wrinkled into arched folds, extending from the middle of the palm of the hand to the base of the finger. The disease, thus progressing, may attain its maximum degree of severity without causing any pain, or appearance of anchylosis; the joints are easily flexed, but cannot be extended by the most powerful efforts; Dupuytren has seen 150 pounds weight suspended on the bent finger, without producing any effect on it.

This retraction of the fingers is a very disagreeable affection; it prevents the patient from seizing any large body, and when he closes the fingers strongly, severe pain is felt. Persons labouring under permanent contraction of the fingers, are usually those who have made violent efforts with the palm of the hand, or been employed in occupations during which the palm and fingers are frequently pressed against hard bodies. Thus, it is met with amongst masons, ploughmen, watermen, coachmen, &c.—Dupuytren mentions the case of a literary personage who was attacked in consequence of frequently using a round-handled office-seal for his letters.

What is the anatomical lesion which characterizes permanent contraction of the fingers? Upon this point there exists a variety of opinions. Some attribute it to thickening and contraction of the skin; others to spasm of the muscles; disease of the flexor tendons; inflammation and contraction of the sheaths of the tendons; some change in the joints and their lateral ligaments; finally, contraction of the palmar fascia. This latter idea was chiefly supported by Dupuytren and Sir Astley Cooper; the following case was the one which influenced Dupuytren's opinion:—An old man, who had been affected for many years with retraction of the fingers, died in the Hôtel-Dieu; Dupuytren examined the parts with great care; on removing the skin from the palm of the hand it was found that the folds of integument completely disappeared; the palmar fascia was contracted and shortened, and several bands passed from its lower part to the sides of the deformed finger. On endeavouring to extend the fingers, Dupuytren perceived that the fascia and these bands were rendered more tense; he divided the bands, and effected, at once, complete extension of the contracted fingers; the tendons and their sheaths had not been touched; the joints likewise and bones were completely free from any appearance of alteration. From this case Dupuytren naturally concluded that the disease originated in abnormal tension of the palmar fascia, a tension depending on contraction excited by the pressure of some hard substance on the palm of the hand. The case certainly shows that contraction of the fingers may sometimes depend on a change in the palmar fascia, but it does not prove that this is always the cause. The bands or hard chords which, as I have already mentioned to you, are seen projecting under the skin, extend to the palmar surface of the first phalanx, and sometimes to the second or third phalanx. Now we know that the palmar fascia terminates at the root of the finger, by becoming attached to the sheaths of the tendons and ligaments; besides, the fascia does not cover the ball of the thumb or extend to its root, yet we have permanent contraction of the thumb, with the subcutaneous chords already noticed. Having determined, by dissection, that the palmar fascia remained sometimes intact, after the removal of these chords, I announced, in 1833, that the prolongations mentioned by Dupuytren were not always formed by the palmar fascia; but that they seemed to me to depend on transformation of the subcutaneous cellular tissue into fibrous bands. M. Goyraud, surgeon to the Hôtel-Dieu of Aix, has proved the correctness of this opinion by his researches on permanent contraction of the finger, published in the third volume of the Memoirs of the Royal Academy of Medicine. In addition to a carefully performed dissection, M. Goyraud relates the following case, which confirms my view of the nature of this disease.

"M. Chaine, steward of the hospital, presents a remarkable example of the permanent contraction of the fingers. The three last fingers of the right hand are flexed; of the left, the four last fingers are in the same condition. The left ring finger is more flexed than the others; on the right side, the little finger is the one most contracted; the middle fingers are only semi-flexed. The contraction came on gradually, and without any pain. M. Chaine is now 58 years of

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age; when at the age of 42, he first perceived that he was unable to extend the left ring-finger completely. The latter became gradually contracted, and the affection soon extended to the two neighbouring fingers. Shortly afterwards, the right little finger began to contract, and then the ring and middle fingers of the same hand. The first phalanges are now flexed at a right angle on the metacarpal bones, and the second phalanges at various angles on the first. On attempting to extend the fingers, it is evident that they are retained in the flexed position by a number of bands running from the palmar fascia to the middle part of the fingers."

In this case, the disease consists in flexion of the first phalanx on the metacarpal bone, and of the second phalanx on the first; the joints of the third phalanges are completely free.

Hence, since contraction of the palmar fascia and its digital prolongations could only influence the first phalanx, it is evident that the contraction of the second phalanx must depend on some other cause. Even in the lectures of Dupuytren, we may find a proof of this. M. L. had contraction of the ring and little fingers of the left hand, which were completely flexed on the palm; the second phalanx was bent on the first, and the tip of the third applied to the ulnar edge of the palm; the little finger was constantly flexed on the palm of the hand also. Mr. Dupuytren operated in the following manner:—He commenced by making a transverse incision, ten lines in length, opposite the metacarpo-phalangeal joint of the ring-finger; the knife divided first the skin, and then the palmar fascia. The ring-finger was now reduced nearly to its natural position.

Being desirous of sparing the pain of a second incision, Dupuytren endeavoured to prolong the incision of the palmar fascia, towards the ulnar edge of the hand, but could not succeed; he was therefore compelled to make a second transverse incision opposite the articulation between the first and second phalanx of the little finger, and thus separated its point from the palm, but the remainder of the finger was still immovable. A third incision divided the skin and fascia, opposite the metacarpo-phalangeal joint of the little finger; the benefit was very slight, and he was forced to make an incision opposite the middle of the last phalanx, when the finger at once became straight. Is it not clear, from this case, that other parts besides the palmar fascia were engaged in the disease? Do not we all know that the prolongations of this fascia are attached to the sides and not to the middle of the first phalanx?

From the facts which have been just mentioned, M. Goyraud concludes that permanent contraction of the fingers never depends on the palmar fascia; that we should avoid dividing this latter in any operation for the relief of the disease, and that Dupuytren, probably, divided the subcutaneous bands developed in the cellular tissue, and not prolongations from the palmar aponeurosis.

This opinion seems to me to be too exclusive, and I agree with M. Sanson in thinking that permanent contraction of the fingers may depend on the palmar fascia, on the skin, or more frequently on transformation of the cellular tissue into fibrous bands.

The treatment of this affection is exclusively surgical; we can expect no benefit from any other means than division of the fibrous bands by which the finger is retained in the flexed position. Dupuytren made an assistant extend the fingers as far as possible, and then divided the most tense part of the band; if the finger could now be straightened completely, the operation was finished; if not, he made one or more incisions above or below the first one. When the fingers became free, he maintained them in the extended position by means of bandages and splints, for a month or six weeks; but as soon as the state of the wound permitted, he commenced movements of flexion and extension.

M. Goyraud operates in a different way: he makes his incision along the side of the band, and in the same direction with it, and then divides the band in various places, or excises a portion of it. This method has many advantages over that of Dupuytren; the patient runs less risk of inflammation extending along the sheaths of the tendons, or palm of the hand; it allows us to commence moving the fingers at an earlier period, and leaves a much smaller cicatrix. When we have restored the finger to its natural position by means of operation, we are not to think that the patient is free from the danger of relapse. Considerable care must be bestowed on the after-treatment; the joints must be frequently moved; discutient lotions, &c., applied, and the patient must be particularly cautioned against using

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any hard bodies, or employing himself in any occupation by which the palm of the hand may be irritated.—*Prov. Med. and Surg. Journ.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Child with a Tail.—Dr. J. D. PLUNKETT, of Shelby Co., Tenn., writes to us that he "was requested to visit a female infant, six months old, from the extremity of whose coccyx there issued something much resembling a tail, four inches long, gradually tapering, and the small end adherent to the middle of the thigh. Finding that it contained neither bone nor cartilage, I removed it by applying a ligature to each end of the loop."

Remittent Fever — Bronze Liver.—Dr. MOSES stated to the New York Pathological Society, that there had been in the New York Hospital a case of pure southern remittent fever, in a seaman who, arriving perfectly well after an eight days passage, was immediately attacked with (congestive) remittent fever, and was comatose when brought into the hospital. The *liver* presented one of the finest specimens he had ever seen of the "Bronze Liver," described by Dr. Stewardson, of Philadelphia, in his paper in the *American Journal of the Medical Sciences*. It was enlarged, softened, and its internal structure had a deep olive tinge. The *spleen* was four times its natural size, and remarkably soft and diffluent. There was excessive congestion of the vena portæ and cava, and more or less of the veins of the brain. There had been, during life, intense burning heat of the epigastrium; the tongue was moist, soft and white; uneasiness about the stomach and constant vomiting, like that from corrosive poison, for some hours before death. The *stomach* was slightly injected. The bile in the gall-bladder dark as molasses, and very thick and tenacious.—*The Annalist*, Oct., 1846.

National Medical Convention. — At the meeting of the Ohio Medical Convention, held at Columbus, May 12th, 1846, Prof. M. B. Wright, of the Medical College of Ohio, Prof. Samuel St. John, of the Medical College at Cleveland, and Prof. John Butterfield, of the Medical College at Willoughby, were appointed delegates to represent that convention in the National Convention, to assemble in Philadelphia in May, 1847.

University of Pennsylvania.—From the Report of the Medical Department of this institution, it appears that at the commencement in July last, the degree of M. D. was conferred on seven candidates, making the whole number of graduates during the year 171.

Medical Department of the Army.—The Army Medical Board, lately in session in the city of New York, has recommended the following persons for appointment to the Medical Staff of the Army:

Robert Newton,	Pennsylvania.
Horace R. Wirtz,	Do.
Israel Moses,	New York.
John F. Hammond,	South Carolina.
Josephus M. Steiner,	Ohio.
Robert C. Wickam,	Virginia.
Charles P. Dyerle,	Do.
Elisha J. Bailey,	Pennsylvania.

FOREIGN INTELLIGENCE.

Uterine Disease during Pregnancy.—The history of the influence of fibrous bodies and of polypi on the progress of pregnancy, and on the function of parturition, has been the object of Dr. FORGET's researches. With regard to fibrous productions, their danger may be considered to be in proportion to their size and to their number: when their volume is small, they do not materially interfere with the functions of the gravid uterus, nor prevent its retraction after accouchement; the same innocuity will be observed when the fibrous bodies lie under the peritoneum, by which they are alone attached to the womb. These fortunate circumstances are not, however, always met with, and when situated in the uterine walls, they often become a cause of abortion, and always render labour difficult, and may produce fatal hemorrhage. During the last stage of pregnancy the increased phenomena of nutrition, occasioned in the uterus by the development of the fœtus, explain the rapid growth of the tumours, and the consequent severity of accouchement. As to polypi, M. Forget considers as a demonstrated fact that polypi, even very large, situated in the womb or in the vagina, do not prevent impregnation, and cause but little uneasiness during pregnancy: they seldom produce abortion. When the polypus remains in the womb after delivery,

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the danger is great for the mother; but it is the life of the child that is endangered when the polypus has descended into the vagina. In the latter case the surgeon should not operate until the womb has resumed its natural dimensions; but when the tumour occupies the uterine cavity, and abundant hemorrhage is present, surgical art must interfere for its removal.—*Med. Times*, Sept. 12, 1846.

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Two ounces of Nitrate of Potash taken at once.—Mr. GILLARD communicated to the S. W. branch of the Prov. Med. and Surg. Association, an account of a case in which two ounces of nitrate of potash were taken by a man in mistake for epsom salts. Five minutes after taking it a burning pain in the stomach was felt, which was followed by sickness. The mistake was then discovered. A mustard emetic was administered, followed by carbonate of magnesia and opium. Under this treatment the patient speedily recovered.

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Unsuspected Dislocation of the Femur.—F. WELSH, Esq., records in the *Prov. Med. and Surg. Journal*, the following case as a warning to his surgical brethren, and to induce them to make a strict examination into every case of accident, however trifling it may at first appear. A man, aged 28, was partially buried by a bank of earth falling on him whilst he was undermining it. Mr. W. saw him a few hours after the accident; his only complaint was of slight pain in the back and knee; but as there appeared no distortion of the limb as it lay flexed upon the other, and flexion and extension were not much impeded, Mr. W. considered it a mere bruise, and treated it accordingly. At the end of a fortnight Mr. W. saw him again; his report of himself was, that he was much better, had been up, and said, that with a strengthening plaster he should be quite well. Anxious to see how he could walk, Mr. W. made him get up, when at once the nature of the accident was too evident—namely, dislocation of the femur on the dorsum ilii. The necessary measures for reduction of the dislocation were then resorted to, and with success.

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Hysteria.—Dr. GENDRIN, in a letter addressed to the President of the French Acad. of Medicine, brings forward the following opinions on the nature, symptoms, and treatment of hysteria:—1. Hysteria does not merely consist in intermittent spasmodic attacks: it is a continuous malady which presents always characteristic symptoms in the intervals of the convulsive fits. 2. In all cases, without exception, from the beginning of the disorder to its termination, a general or partial loss of sensation may be observed; when the disease is mild in its form, anesthesia occupies only limited regions of the skin; when it is severe, on the contrary, it occupies the entire cutaneous surface, and the mucous membranes accessible to our means of exploration, such as the conjunctiva, the pituitary surface, the buccal mucous membrane, the rectum, urethra, vagina, and urinary bladder. It is not very uncommon to meet with this anesthesia in the organs of special sensation, and in deep-seated parts. Some patients lose the consciousness of the acts of locomotion and of the position of their limbs. 3. The degrees of anesthesia and of the violence of the fits do not bear any proportion to each other. 4. Most patients thus affected present in various regions, at least during the presence of the convulsive fits, a degree of pain, which is in general the proximate cause of the attack, and which furnishes the physician with a valuable practical indication. 5. In hysteria, paralysis, with flaccidity or contraction of the affected part, is a very frequent symptom which has often caused error of diagnosis, and which may last without peril for months, even when it occupies the bladder, rectum, or limbs. 6. It is a mistake to consider the sensation of the globus hystericus and asthma as phenomena constantly attendant upon hysteria. Two other forms of attack are very common or alternate with dyspnœa; Dr. Gendrin refers to paroxysms of ecstasy or mania. 7. All the apparently marvelous peculiarities of animal magnetism may be spontaneously produced in hysteria. Thus, the insensibility which permits operations to be performed without pain exists in all the forms of the disease. In ecstatic hysteria it is observed in its highest degree. 8. The anomalies of enervation in hysterical subjects show themselves in the immediate action of medicines. Thus, patients who have no increased excitement of the digestive organs can take 12, 15, or 20 grains of opium without experiencing any narcotic results. If the stomach is in an irritated condition, the opium is rejected and no narcotism is observed. A few cases, not sufficiently numerous, however, to permit Dr. Gendrin to draw from them any positive

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conclusions, lead him to believe that in hysteria large doses of hyoscyamus and of belladonna may be exhibited with impunity. 9. The most efficient drug in the treatment of hysteria is opium. The doses should be at first 6 grains daily, and be carried to 10 or 15 grains in the 24 hours. When a narcotic effect has been obtained, all the hysterical symptoms are observed to decrease, and the medicine should undergo a daily diminution. 10. Sulphuric ether, in doses of ℥ss, ℥vj, or ℥j daily, is also very useful; but its beneficial action is not produced unless the patient takes these enormous quantities; no accident ever results from them.—*Medical Times*, Sept. 12, 1846.

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Digestion in 1846.—At last the phenomena of digestion are enlightened: digestion is no more to be considered a simple but a complex function. There are as many digestions as organs. First, the stomach, by which animal food is dissolved; it is in carnivorous animals almost the only intestine, and they require no other; their digestion is gastric; it is intestinal in herbivorous tribes. After the incisors and cuspidati come the molares: in the same manner after the carnivorous intestine we find the intestines which digest grains and vegetables masticated by the molares. In the small intestine, feculent substances are absorbed and saccharified—a fact proved by a simple experiment; fecula taken in the stomach immediately above the pylorus will become blue when placed in contact with iodine, and will, on the contrary, not change colour after its passage through the pyloric orifice. It is this, the principal phenomenon of digestion in the duodenum, which has led to the discovery of the saccharifying power of the pancreatic secretion. Hence not only a change in the theory of digestion, but in the pathology of diabetes; we can no longer admit that the kidneys secrete sugar, but that they allow the passage of the saccharine matter contained in the blood.

All these discoveries are in themselves important scientific acquisitions; but their importance is doubled when their practical consequences are reflected upon. The whole history of gastralgia, *rudis indigestaque moles*, must begin anew. No theories can be compared to the recent discovery of the following facts. Eat meat, the urine becomes acid; eat vegetables, it immediately becomes alkaline.

The gastric juice is a powerful acid which readily gives birth by fermentation to gaseous products. In dyspepsia it is therefore a mistaken practice to recommend the use of alkaline salts, by which the digestion of animal food is retarded. The corrosive nature of the fluid accounts for gastric pain, pyrosis, &c., most probably the result of its contact with dry portions of the mucous membranes. By fermentation in the stomach, foul breath and flatulency will be produced; alkaline medicines will be of no avail, but mild laxatives are fully indicated. The digestive power of the gastric juice varies with its heat: below 10 deg. and above 35 deg., that power diminishes, and is completely lost beyond 50 deg. It is therefore not proper to eat very hot substances.

The stomach being the organ in which animal food is dissolved, meat should not be given in gastric affections; whereas feculent substances, digested in the jejunum, can be safely permitted.—*Ibid.*, from *Journ. de Méd.*

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Subnitrate of Bismuth in Gastralgia.—Dr. Bertini, of Turin, has lately employed this medicine in numerous cases of gastralgia, beginning with a dose of five centigrammes (= 0·77 grains), and gradually raising it to twenty centigrammes (= 3·08 grains.) It was mixed with calcined magnesia, and given three or four times a day. In most instances the neuralgic pains disappeared under the use of this medicine; and in cases where the gastralgia appeared to be connected with organic disease, the symptoms were always much alleviated.—*Lond. Med. Gaz.*, Sept., 1846.

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Poisoning by Lead-shot left in a bottle.—An individual was seized with violent colic and symptoms of poisoning, after having drunk several glasses of liquor. Dr. Hohl, who was called to the patient, examined the liquid, and found it to be turbid instead of clear: and on pouring it out into a glass, he discovered at the bottom of the bottle two pellets of shot which had become firmly fixed and converted by corrosion to carbonate of lead. On examining them, he found only a very small nucleus of metallic lead in the centre of each: so long as the liquor was clear, no ill effects had followed its use,—these had only occurred when the turbid portion, near the bottom of the bottle, had been taken. The liquor was proved to hold

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suspended, a salt of lead, from which the symptoms of poisoning had undoubtedly arisen. This shows that great care should be used in cleansing bottles; and that a few shot left in them may give rise to all the symptoms of lead-poisoning.—*Ibid.*

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Cholera in Persia. — The last Levant packet which arrived at Malta brought the intelligence that the cholera had broken out in Persia, particularly at Teheran, where one of the brothers of the Schah has fallen. The Schah, with his court, had sought refuge in the mountains. It is feared that, as in 1832, this scourge may again visit Asia Minor and the Mediterranean.

The latest intelligence from Aden announces that the cholera had disappeared from that place, and that the troops were healthy.—*Ibid.*

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Asiatic Cholera.—This disease, which made its appearance at Aden early in May, has, in consequence of the changing of the monsoon, nearly vanished, isolated cases occurring only at intervals. During the five days it raged, upwards of four hundred persons were carried off, the deaths being four out of five attacked; the cholera is, however, rapidly advancing along the territory of Yemen, and fears may be entertained of its appearance on the shores of the Mediterranean. The disease is making dreadful havoc in India.—*Med. Times*, July 18.

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Cholera at Kurrachee.—The seaport of Kurrachee, formerly one of the healthiest military stations, has, ever since it became known to us, been visited triennially by cholera. In 1839, and again in 1842, the amount of suffering occasioned by it was terrible, yet slight compared to that which it has just endured. Between the 13th and 23d June, above 8000 human beings were cut off by it, including 895 Europeans, of whom 815 were fighting men, 595 sepoys; and, it is believed, about 7000 natives, besides camp-followers, and inhabitants of the town, have died. The pestilence had quitted Kurrachee, and was apparently creeping up the river. Fever of a very fatal kind had made its appearance amongst the European soldiers at Sukkur: its triennial visit is to be looked for next year. Her majesty's 17th had chiefly suffered: it was said they were to be moved down, while her majesty's 86th were to move up to Hydrabad.

An extremely dry season has been followed by an unusually wet one; between the 9th of June and the 17th of July upwards of thirty-five inches of rain fell.

The *Kurrachee Advertiser* states that 7000 of the inhabitants have been cut off by cholera—nearly 9000 victims in ten days' time.

"Of the 60th Rifles there died 4 sergeants, 101 men, 4 women, and 3 children. Total, 112.

"Of the 86th Regt.: 1 officer, 24 sergeants, 329 men, 17 women, and 16 children. Total, 387.

"Of the Company's Artillery: 4 sergeants, 19 men, 2 women, and 6 children. Total, 31.

"Of the 1st Bombay European Regt. (Fusiliers): 1 officer, 18 sergeants, 314 men, 9 women, and 23 children. Total, 365.

"Of the 3d N. I., 310 sepoys; of the 12th N. I., 236 sepoys; of the Belooch Batt., 49. Grand total, 1490; independent of the inhabitants."—*Naval and Military Gazette.*

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Cholera in Holland.—This disease, under the mild form of what has been termed by the French *cholerine*, has made its appearance at Amsterdam and Rotterdam, and has already attacked a great number of individuals, but not one of the cases has proved fatal.—*Ibid.*, from *Gaz. Méd.*

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Nitrate of Silver in Erysipelas.—M. Jobert recommends the application of nitrate of silver in erysipelas, in the form of ointment rather than of the caustic itself. He gives three formulæ, of various strengths, for preparing this ointment. To 32 parts of lard, the strongest ointment has 12 parts of nitrate of silver, the next has 8 parts, whilst the weakest has only four.—*Gaz. des Hôp.*, Aug. 18, 1846, from *Ibid.*

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Delirium Tremens in an Infant.—A little boy, five years of age, swallowed by mistake a large quantity of brandy. Vomiting speedily followed, and he passed a restless night, sleeping only toward morning. On awaking, it was observed that he had tremor of the hands, and that he could not hold a cup steadily. Convulsions with cramps ensued. The pulse was slow, the look timid, the pupil dilated, and the countenance pale.—Delirium supervened, and there was dysuria with great thirst. A cataplasm was applied to the abdomen, and calomel and jalap were

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administered. The symptoms abated about the middle of the day; but towards evening there was a return of the tremor, with other nervous symptoms. An opiate was exhibited, from the effects of which the child slept soundly, and on awaking the whole of the symptoms had disappeared.—*Ibid.*

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Ergot of Rye.—Dr. Wright, in 1837, showed that the ethereal oil of ergot, in the dose of thirty drops, is as powerful as ʒj of the powdered secale cornutum: in this Dr. Parolla fully agrees with Dr. Wright; but from the oil he has separated, by the assistance of alcohol, a resin which he conceives to be the real active principle of the drug, and which enjoys a powerfully sedative action. According to the author, this resin might replace most antiphlogistic measures; at doses of six to eight grains daily, he has found it efficient in pneumonia, typhus, and uterine hemorrhage. And so enthusiastic is Dr. Parolla in the cause of the resin that he conceives it to be capable of curing pulmonary consumption; a case of *complete cure*, he brought before the Scientific Congress at Florence, *with the anatomical preparation:* a proof of a rather unsatisfactory sort of recovery. Dr. Parolla states that the ergot is not a cryptogamic formation, but a morbid secretion of the diseased grain.—*Medical Times*, Sept. 19.

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Ammonia as a Vesicant.—The following is the formula for making the ammoniacal pommade, which bears the name of Gondret. "In summer, take lard, 6 drachms; oil of sweet almonds, 2 drachms; tallow, 4 drs. Melt by a gentle heat, and pour into a wide-mouthed phial with a glass stopper. Then add 12 drachms of liquid ammonia at 27° or 28°; put in the stopper, and shake it up. It should be kept in a cool place; but as the temperature gets lower, put 2 drachms less tallow, and 2 more of lard. This pommade produces vesication in three, four, or five minutes.—*Lancet*, Sept. 12, 1846.

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Military Flogging and its Effects.—An inquest was recently held at Hounslow, in the parish of Heston, Middlesex, on the 15th, 20th, and 27th of July, and the 3d of August inst., on the body of Frederick John White, aged twenty-seven years, a private in the 7th regiment of Hussars, who, in pursuance of a sentence of a District Court-martial, held at the Cavalry barracks, at Hounslow-heath, on account of a sudden assault committed by him on a sergeant of the same regiment, received 150 lashes with a cat-of-nine-tails, administered by two regimental farriers, on the 15th of June last. Whilst undergoing this punishment, he was bound by the arms and legs to a ladder nailed to the wall. He suppressed any expression of pain, but asked for water during his flogging, which was given to him. On being untied, water was thrown on his shirt, which was replaced on him, and covered by his coat. He then walked to the hospital, of which he continued an inmate until his death on the 11th of July.—*Lancet*, Aug. 15th, 1846.

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Cæsarean Operation.—Dr. Kunsemuller performed this operation on three females. Case 1 was that of a woman, aged 41, who had borne six children easily. The operation was performed at the end of the seventh pregnancy: the infant was taken out dead, and the woman died the day following. Case 2. A woman, aged 43, had had ten easy labours. Her pelvis deformed by osteomalacia, rendered the operation necessary in the eleventh pregnancy. The child was dead, and the woman died on the sixth day. Case 3. A woman, aged 38, had had five easy labours. She suffered much from want and disease, and her pelvis became deformed. On the sixth pregnancy, the antero-posterior diameter of the pelvis was found to have become smaller; but the child was extracted by the forceps. At the end of the seventh pregnancy, osteomalacia had advanced to a considerable extent. The Cæsarean operation was resorted to, and both mother and child were saved.—*Gaz. Méd.*

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Wounds inflicted during Dissection.—M. Blatin presented to the Medical Society of Emulation, (Paris) gloves, made of a thin sheet of caoutchouc, destined to guard the hand of the anatomist against injury from wounds during dissection, or from the contact of noxious substances in *post-mortem* examinations. The tissue of the gloves is so fine as not to interfere in any way with the movement of the fingers, and to diminish only in a very slight degree the sensation of the hand.—*Med. Times*, Sept. 12, 1846.

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Obituary Record.—Died, on the 7th of Nov., Dr. Favell, of Sheffield, President of the Provincial Medical and Surgical Association.

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TODD & BOWMAN'S PHYSIOLOGY, TWELVE PAGES.

CLINICS.

Lecture on Clinical Medicine.—By W. R. BASHAM, M.D., Physician to the Westminster Hospital.

GENTLEMEN,—There is no branch of medical education which embraces more points of importance than clinical instruction; certainly no other comprehends so much that is specially valuable and applicable to future practice. In the wards of the hospital, at the bed-side of the patient, the elementary sciences of medicine, learnt in the lecture room, are practically illustrated and applied. It is here that the general principles of medicine and surgery are elucidated and explained: it is here only that a true and safe knowledge of disease can be acquired. In the dissecting room, having learnt to recognize the characters of healthy tissues, healthy structures, healthy organs, here the student soon learns to distinguish diseased ones, and to acquire the outlines and principles of general pathology. It is here he first practically comprehends the value and object of etiology — the exponent of the probable causes generating, or in any way tending to produce, disease. Here also the foundation is laid of that important branch of general pathology, semeiology, comprehending in an enlarged sense, all the signs, symptoms, or tokens by which diseased action of one or more organs may be recognized. And, lastly, it is at this period of your studies that the doctrines of therapeutics are made clear and intelligible, and the curative powers of various remedies in the treatment of disease, and their relative value, influence, and utility explicitly determined. It is at the bed-side that the true features of the unmistakable characteristics of disease are truly observed. The quick eye of observation reading for itself in the plain type of nature's page, soon learns to distinguish in the history of diseases, that which is valueless —because imaginary and unreal, hypothetical, and fanciful, from that which bears the stamp of strict observation, and a careful induction from recorded facts.

By a careful and persevering attention to

Published Monthly by LEA & BLANCHARD, Philadelphia, *at One Dollar a year, and sent* GRATUITOUSLY *to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for July.*

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clinical study, the student soon acquires a steady confidence in the knowledge he obtains, and a firm reliance on the *means* by which he has acquired it; for he quickly finds, that what he notes, observes, and records for himself, becomes sound, practical, useful knowledge, applicable at all times; a store on which he can depend, and which will supply him with the power to think, reflect, and act, whenever occasion may require.

But these results, the great end and aim of medical education, cannot easily be obtained without some little assistance derived from the experience of others. There are but few that can originate a course of study for themselves, or pursue it unassisted. A little help from those more experienced clears the obscurity of his path, and directs the student by a quicker, a shorter, perhaps an easier, route, to those objects most worthy of his attention,—such as illustrate in the least complicated manner, the ordinary characteristics of disease.

On the part of the student, the first essential to clinical study is his case-book; for without notes of what he sees and observes, —without a record of the cases treated and watched, but little that is useful can be retained or remembered. Without a case-book a student's walk round the wards of a hospital is but an idle lounge. The case-book is necessary, not only to record the history and treatment of hospital cases, but also for the purpose of noting those observations that may be made at the bed-side of the patient, suggested by any special condition or symptom, and which oftentimes illustrate the progress of the case, or tend to explain the operation of a particular remedy, or the principles that may have dictated its administration. The use of the case-book is, however, mainly necessary to record the history of such cases as may be selected for study and observation. The cases are valueless if they be but a transcript from the ward-book; they are then but copies of cases taken by another. Take the history of the case yourself; put it into your own language; you may afterwards compare it with the ward-book, to ascertain if any particular symptom or group of symptoms, necessary to be noted down, shall have been omitted. These observations are especially addressed to those who are now for the first time entering on their clinical studies. It is not to be expected that at first, without some instruction, the history of any given case can be taken in a clear and succinct manner; so arranged in regard to the order of the symptoms, that they bear a distinct and evident connection with some organ or organs as their common centre. A little practice, and the adoption of a certain method and principle upon which all cases are recorded, will soon enable the student to collect a clear and intelligible history; such as will convey to others a picture of what has been seen, or is required to be preserved and recollected.

The attention should at first be confined to acute diseases: they do not require the lengthened narration of predisposing causes, comprised in the previous history, so essential to be recorded in the account of chronic disease. In the acute forms of disease, the symptoms are more expressive; their relation to the diseased organ is more plainly visible, and the diagnosis of the disease consequently easier, and less doubtful. In taking the history of an acute disease, the name, age, and avocation having been recorded, a few preparatory questions will quickly fix the attention upon some organ or set of organs, the probable seat of derangement. But that no symptom that may throw any light on the disease may be omitted, a systematically ordered examination of all the functions and regions of the body should be carefully made, and any departure from the natural condition noted. Thus, after stating in a few words the general appearance of the patient, as to countenance and general aspect, an examination should then be made in the following order:—of the skin, as to temperature and secretion;—of the eyes, as to expression, state of the conjunctiva, pupil, &c.;—of the face in general, if anything remarkable be observed, such as dilatation of the nostrils, &c. &c. Examine the condition of the circulation, the force and character of the pulse, impulse and rhythm of the heart's action, diastolic and systolic murmurs. Of the respiratory system:—by percussion, as to the resonance or dulness of the different regions of the chest; by auscultation as to the respiratory murmurs, vesicular or bronchial; determine the presence, or otherwise, of abnormal sounds in the different lobes, and whether mucous, sibilant, or crepitating rhonchi can be detected; the character of the voice, as heard from the chest—*pectus loquens*, bronchophony, pectoriloquy, or ægophony; record

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the frequency or infrequency of cough, whether periodically aggravated, hour or time of day most urgent, or other conditions of aggravation; whether hard and dry, or spasmodic, and accompanied, or otherwise, with expectoration; the character of this excretion, whether aqueous and frothy, mucoid, tenacious, glutinous, or adhesive, sanguinolent, or muco-purulent. Examine the digestive organs; state of the tongue; of the papillæ, whether smooth, clean and moist, or foul, with creamy or furred deposit; its redness or pallor; whether broad, flabby, and exsangueous, or otherwise; whether dry, red, or glazed, or parched, cracked, and scabrous. Examine the external contour of the abdomen; its softness, and elasticity; absence or presence of pain in any region; epigastric, hypochondriac, umbilical, or iliac. Inquire into the sensations during or after digestion; presence or not of cardialgia, of gastrodynia, of acid, aqueous, or flatulent eructations; state of the alvine and urinary excretions; of the former, as to consistence, form, odour, and colour; of the latter, quantity, specific gravity, acidity, or alkalinity, clearness or cloudiness, sedimentitious, or albuminous; if necessary, a microscopical, or chemical examination of the urine may be made. Observe the state of the organs of generation, and record any special circumstance pertaining to them; of those of locomotion; state of the joints, whether enlarged, tumid, or elastic, indurated or sensitive; the character of pains that may be complained of in the limbs, whether constant or intermitting; whether influenced by cold or heat; by motion or rest; by day or night. And lastly, examine the state of the general sensations, in reference to any of these organs, and note down any condition of the intellectual faculties that may tend to elucidate any previously observed derangement. Practice soon enables the skilful inquirer to go over this examination with ease and rapidity; experience quickly detects the particular class of organs requiring special attention; and a few questions respecting the others will readily establish their freedom from disease.

A systematic mode of inquiry like this becomes valuable from the recorded symptoms being grouped in relation to each particular organ, and enables the observer, by subsequent comparison of one with the other, to determine their dependence on one or more common causes.

Our inquiries into the nature, and causes, and symptoms of disease, would bear no pretension to any superiority over the graphic records of past days, were it not for the assistance which pathology derives from the three great aids to modern investigation—the stethoscope, the microscope, and pathological chemistry. The importance of each and all of these in aiding our diagnosis cannot be over estimated. It is not now necessary to urge upon students the necessity for studying closely the physical signs of the lungs and heart by means of the stethoscope; but the assistance that pathology has derived, and continues to derive, from microscopic examination and pathological chemistry, being of more recent origin, requires to be urged on your attention with more emphasis.

The case to which I directed your attention just now in St. Margaret's ward, affords a favourable opportunity for illustrating the value of the microscope, in aiding our diagnosis, and consequently facilitating our means of exhibiting appropriate and successful remedies.

D. S——, aged 26, a single woman, admitted into the Hospital, September 30th, complaining of shooting pain in the lumbar region, attended by nausea. The skin is of natural temperature, but dry and scurfy; the countenance is natural; no cough or any pulmonary symptoms; there is epigastric uneasiness after food, and deficient appetite; tongue clean; bowels open at present, but occasionally constipated; urine limpid, and natural in appearance; no uneasiness during micturition; catamenia regular; pulse 92, natural. There is no pain in the extremities, but she states that the lumbar pain is increased by motion, but not relieved by the recumbent posture; there is no pain on pressure. States that she has been ill for the last fortnight, the darting shooting pain across the loins becoming daily more aggravated, and being now accompanied by occasional retching. She states that she has had much medicine without relief. The urine was examined, but no departure from its ordinary composition could be detected.

She was ordered calomel purges, with saline draughts and colchicum. She was subsequently cupped across the loins, with temporary relief, mercurial purges being occasionally administered, with the object of relieving the tendency to constipation. The

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urine continued clear, and with no evident departure from its natural condition.

No relief of any consequence was obtained to her symptoms by these means. The view at first taken was, that this lumbar pain was an ordinary form of lumbago, which, in the majority of instances, being accompanied by, if not dependent on, constipation, would be alleviated so soon as the secretions from the intestines became natural and regular. As there were no erratic pains in the limbs, nor other symptom of a rheumatic character, the possibility of the pain being allied to that disease was not tenable. It was not till a week after admission that her urine began to exhibit some characteristics of derangement, with tenderness in the region of the kidneys. On the 8th of October, it was of a high specific gravity, 1.023, of darker colour, and depositing a sediment after cooling. The sediment was re-dissolved on application of heat, and exhibited the usual characters of the lithate of ammonia under the microscope; and accompanying this deposit were many crystals of the uric acid, occurring in the stellar form, accompanied by some few of the lozenge or acute rhombic shapes. The stellated masses of crystals were those produced apparently by the aggregation of many lamellated lozenges, whose axes lay in varying directions. The cause of the pain now became evident; the formation of uric acid in these minute crystalline aggregations being, for the most part, always attended with these acute lumbar pains.

From the absence of a more copious deposit of uric acid in the form of sand or gravel, as it is commonly called, there is some reason to fear that these crystalline masses may have formed minute calculi, and have become impacted in the pelvis of the kidney. The urgent pain suffered by the patient, and constantly referred to the region of the kidney, is in all probability dependent on this cause, or on that congested condition of these organs always present during the secretion of abnormal quantities of uric acid. The stellated form of crystal which you have just seen in the field of the microscope is peculiarly adapted to excite pain and irritation on any surface over which it may pass. The retching and vomiting which have occurred during the last twenty-four hours suggest also that minute calculi may be irritating either the kidneys or the ureters.

The morbid causes that lead to the formation of uric acid and its compounds in excess, are various. Whenever the cutaneous secretion is suddenly arrested or suppressed, uric acid compounds universally appear in abundance in the urine, the kidneys having thrown upon them the vicarious office of excreting from the blood those nitrogenous elements which should escape through the outlet of the skin. Thus, in ordinary colds, produced by a sudden chill of the surface, the urine becomes sedimentitious, and the urate of ammonia deposited on the cooling of the urine, appears as a copious white, fawn, yellow, or pinkish deposit. Food, rich in nitrogen, more than sufficient to supply the waste of the tissues, causes an increase and deposit of uric acid. Thus, a rich and luxurious diet, especially if combined with habits of indolence, becomes most favourable to the production of this deposit. Some forms of indigestion are accompanied by uric acid deposits. In these cases perfect assimilation of the elements of the food is not effected, and the nitrogenous elements of the ingesta not appropriated, or not perfectly assimilated, escape by the renal excretion in the form of uric acid compounds. In all forms of inflammatory fever, in acute rheumatism, and many other acute diseases, the waste of the body proceeds with rapidity, depending on the disintegration and absorption of the tissues, the balance between the supply and the waste being for the time suspended; the metamorphosis of the tissues proceeding faster than the supply of nutriment. Under these circumstances uric acid becomes developed in abundance. Lastly, local injuries to the loins and kidneys will induce a condition favourable to the appearance of uric acid in excess.

In the case of this woman there is no difficulty in referring the abundance of uric acid compounds to mal-assimilation and imperfect digestion. The uneasy sensation after food, the acid eructations, occasional flatus, torpid and irregular bowels, declare the presence of dyspepsia. Accompanying the dyspeptic symptoms is a condition of the skin, frequently present in certain forms of indigestion, which unquestionably predisposes to the development of azotized products in the urine. Her skin is dry, harsh, and scurfy.

The indications of treatment are based on this view of her symptoms. She has been ordered a hot bath daily, to induce, if possi-

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ble, a greater activity in the function of the skin. Mercurial alteratives, so combined as to predispose the cutaneous exhalents to free action, have also been ordered—

R. Hydrargyri cum creta gr. ij; Pulv. ipecac. gr. ss; Extr. Conii gr. iij. Tere simul ut fiat pilula nocte maneque sumenda, and effervescing draughts, with carbonate of potass, together with a farinaceous diet, embrace the treatment at present. The effect produced by it will form the subject of a few observations at our next meeting.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Young Physic.—Ὁ βίος βραχὺς, ἡ δὲ τέχνη μακρὴ. So says the divine old man of Cos—so in their very motto say the Royal College of Physicians of London—so does not say the editor of the *British and Foreign Medical Review*, in an article, in the present number of that journal, on Hydropathy, in which the "Preissnitzian era" is glorified, and legitimate medicine made to lick the dust; and in which medical men are called "drug doctors," and reproached with a train of "drug diseases." If we adopt the cold-water cure, we are told that "very little experience is necessary to enable an educated medical man to acquire sufficient insight into it for purposes of practice. Many of the best hydropathic physicians have, in the first instance, devoted very many weeks to studying the subject in Germany."

But, seriously, is our medical literature in a way to raise or to depress science and our profession? Are we pursuing courses which are likely to conduct us to a true and steadfast knowledge of diseases and their remedies; or are we wandering among rocks and quicksands? Is sage and scientific medicine in such straits that she must needs cry "Help, help!" to every vain and futile quackery of the hour? Are "we, the heirs of all the ages, foremost in the files of time," to cast dirt upon our fathers' graves, and proclaim ourselves to the world naked, and poor, and ignorant? "Young Physic" would say "Ay" to all this, and, in the first year of his birth in the journal that hatched him, makes unholy alliance with mesmerism, homœopathy, and hydropathy, and shouts, at the top of his voice, "A new Era" is at hand?

We agree with the sentiment of Lord Bacon, when he says, "I hold every man a debtor to his profession;" and would we defend our profession as we would our friend, through good report and evil report; or if we thought of it as some recent writers seem to do, we would honestly relinquish it. But, in truth, our noble profession needs no such defence. It needs but a just system of logic, first, to analyze its evidence, and of ethics next, to estimate it justly—to secure a fair and honourable name and position, in spite of all the calumnies, from the "Fallacies of the Faculty" to "Young Physic," or any other nicknames, which its open or insidious enemies would heap upon it.

It is not less in sorrow than in anger that we draw the attention of the profession to this subject. We must first put a question. What is the object of the designation and details of the "Fallacies of the Faculty"—that, literally speaking, deadly-lively production? Is it not to expose our profession and medical practice to ridicule? And is not the real effect of "Young Physic" precisely the same? If not, in what respect do they differ, excepting in the plainness or in the insidiousness of the terms? Do not the "Fallacies of the Faculty" and "Young Physic" quote the same works, with the same object, or at least the same effect, viz., the degradation of all past medical opinion and practice, not holding sacred even the name of Louis!

The term "Young Physic," especially as introduced, but we trust not received, amongst ourselves, is the worst injury of all, because it comes from a soldier in our camp; as if, forsooth, scientific medicine *could* be "young," could be other than the result of ages of exact observation, and of the efforts of generations of careful, precise, and conscientious observers. No. Medicine must be established, like astronomy, physics, chemistry, all natural truth, and all science, on exact and long-continued observation. From the results of observations, some Kepler, some Newton, in medicine, may one day deduce its laws, its theory. But, like astronomy, the science to which those great names are attached, medicine must, we repeat, be based on observation, and that observation must be cumulative, through time and generations, and must flow, not from the random statements of dishonest quacks, but from the laborious efforts of able, conscientious, and devoted observers amongst the members of the profession.

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True medicine can no more be the fruit of homœopathy, of hydropathy, of mesmerism, or of "Young Physic," than astronomy could result from that cheat, astrology; or chemistry from that other cheat, alchemy. What we want is, to deliver medicine now from quackery,—from all the quackeries, even as astronomy was delivered from astrology, and chemistry from alchemy; and who shall dare to say that medicine, the mother of so many sciences, has not enough of truth and knowledge within her to make this the full time for her deliverance from the cheat which has clung to her so unduly long?

That in the course of homœopathy,—that system which allows disease to make its havoc on the internal organs, the springs of health and life, without any strenuous effort to arrest its baneful course; that in the course of hydropathy,—that opposite system of violence, of gambling for health,—that in the course of these follies and trickeries some new facts, and even some good results may occur, we do not deny; but we do emphatically deny that it is honest or honourable to pursue courses so inert on the one hand, and so violent on the other, so replete with hazard and danger on both; or to sanction them, in any manner or degree, for the sake of any such collateral good.

But "Young Physic," a silly phrase at the best, seems to be the quintessence of all the medical follies of the day. No less than five articles are contained in the current number of its organ, under the different nicknames of these quackeries. Alas! for medicine, when such is the character of her literature. We regard all this as the worm at the core, not of our SCIENCE,—nothing can affect that,—but of our reputation in the public mind; and we warn the profession of its inevitable tendencies. Again we are compelled to pronounce the epithet, "Young Physic," most supremely ridiculous. There may be discoveries in medicine: in that respect there may be something *new;* but how, in what way, "young?" Did NEWTON or DALTON make astronomy or chemistry *young?* Advances in science, and in beneficence, as in years, our profession may, and we trust will, make; but become "young," and be cradled in homœopathy and hydropathy, it never can or will. It cannot take quacks and quackery as its supporters; but, advancing in the way of truth and honour, in the spirit of the motto of the College of Physicians, and of all true lovers of medicine, from the humblest acolyte to the most profoundly learned, "Life is short, and Art is long," it will go on to realize more and more the noble escutcheon of the same College, and of the same Faculty,—a human hand, illumined and strengthened by the heaven of science, and stretched forth, under the sun, for the relief of the afflicted. —*Lancet*, Oct. 24, 1846.

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Medical Eras.—Every fresh event is dignified by the name of ERA, now-a-days; we seem to have arrived at the *era* of *eras.* There are the MESMERIAN era, the HAHNEMANNIAN era, the PRIESSNITZIAN era, and at length we have, as we said on a former occasion, the quintessence of all in the FORBESIAN era—not to mention the DICKSONIAN, the MORRISONIAN, the ELLIOTSONIAN, the RASPAILIAN, and others of a kindred spirit. In the midst of the age of eras, why should not *we* lay claim to one? We must do so in self-defence. Ours, then, shall be the ANTI-QUACKERY ERA.

We have begun a task, and will go on with it. We are already in the second year of *our* era. We have devoted one year to this subject, and are willing to devote a life to it, if so be this hydra may be beheaded and seared. But the profession must assist us. They must no longer enact the wagoner calling upon Jupiter; they must put their own shoulders to the wheel.

We have dwelt on the injuries accruing to public morals, public health, and the interests of the profession, from the vices of quackery. We have dwelt, too, upon the numerous modes in which professional men may and do, sometimes inconsiderately, sometimes from questionable motives, second the influence of this social Moloch. We have pointed out some of the evils arising from testimonials in favour of quack nostrums, from the system of prescribing quack medicines, and from the by no means singular evil of medical men appearing as the proprietors of such medicines, and from the system of allowing the most nefarious quacks to take what liberties they please with, and to convert to any vile uses, the names of men known and eminent in the medical profession.

The wrongs wrought at the Royal Society we have exposed, and will expose again. But the profession ought to feel the question as their own, and raise their voice as one

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man against such enormities. Now that we are attacking *the quackeries*, exposing the knavery of the duping and the folly of the duped, we emphatically say, let the profession help us, or, rather, let them help themselves, for the cause is their own. Medicine is indeed *militant* in these days, and every true son of medicine should be a soldier in defence of his profession.

But, aided or unaided, we will drive all the *isms*, and all the *eras*, the GENUS of quacks, and the essence and quintessence of quackery, from our good and beneficent profession, into their own regions of darkness and crime, with their own nicknames of "drug doctors" and "drug diseases," for their fiendish consolation; and we beseech every member of our profession to recoil from touching either their works or the works in which they are given shelter, as they would shun the viper, its venom, and its nest; and to shun their very words, terms, and descriptions, as profane and obscene words are shunned by the excellent of the earth.

Wherever labour, effort, talent, originality, striving to raise the status, by raising the science, of our profession, be discovered, let the members of that professian be prompt to express its applause,—let calumny, whether in our conversations, or in our critical labours, cease,—let the dignity of our profession be upheld,—let all wrong, and let all quackery, in it or out of it, be eschewed.

If there be a name in the profession which we ought to revere, it is that of LOUIS; for labour, for probity, for talent, that physician is without a parallel. Did our readers ever peruse the first few pages of the "Examen de l'Examen?" We will one day lay these before them. It is a perfect picture of a great and good man—of a high-minded and conscientious physician. His writings, like his noble physiognomy, have the sternness of inflexible integrity and truth; his heart is filled with the love of mankind, and devotion to his profession. But what shall we say of the LOUIS critics, who are striving to turn his authority against medicine,—striving to prove from him, for instance, that bleeding is of no value in pneumonia, and, therefore, neither in rheumatism, nor in acute inflammation of any kind. Some defender of LOUIS, who shall rescue him from his slanderers, is required. Everywhere we are met with perversions of the facts and results of LOUIS, in favour of quackery, of "nature," of the "vis medicatrix," and the other excuses of quackish empiricism.

To return to OUR *era*. Let us establish a code of ethics,—let us be tender of the reputation of our profession, and of our professional brother—let calumny cease,—let our conduct be ethical, our opinions logical; the former implies every honourable feeling; the latter, laborious research, accuracy, probity, and a profound hatred of all quackery, whatever its parentage or its name, whether within or without the pale of the profession. Let us do justly, foster the right and the truth, repudiate wrong, iniquity, and falsehood, with all slander against our profession, all calumnies, and all nicknames. Let the profession, and let every individual thereof, be true to itself and himself.—*Ibid.*

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Quack Doctors and Medicines. — The Mayor of Lyons has just issued a proclamation that no bills or placards announcing the treatment of any disease by particular individuals, or the sale of any particular medicines, shall be posted on any of the walls of the city, or otherwise exposed to public view; and further, that none of the public newspapers shall insert any such announcement in their advertisements or otherwise. A similar ordinance has been issued in Paris and every city in France.—*Journ. de Chem. Méd.*

[This is certainly the most effectual measure for the suppression of quackery that has yet been devised.]

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Curiosities of Medical Literature.—The following certificate, presented to a sick club by one of its members, who had met with an accident, and was attended by the cowleech whose signature is attached, is published in a late No. of *The Lancet*. The attesting witness is a clergyman of the Church of England, and the surgeon who sent the certificate for publication very justly asks, "Need we wonder that such pests abound when the clergy willingly attest their pretensions?"

"Gentlemen this is to Certefoy That i have attended Josh. Ashmoor Sinc the time of his misfortun And he is verrey promising acording to The time the Bone is Knit and growne Verrey nisely and the arm Stright The Elbo is right in its propre place Yours respectful BRIAN HEATHCOTE

"JAS. ROBERTS, Minr. of Quarnford"

Ibid.

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New Sect of Homœopathists.—A new sect of homœopathists has arisen at Vienna. These gentlemen use 2, 4, 8, and 900th dilutions; and, not content with this, what, O reader! thinkest thou that the homœopathists have not only proposed, but carried into practice? Simply this, they permit the patient to smell the remedy—a single globule at a time—and wait four weeks for the action to pass off before they grant another smell! Do these gentlemen take snuff?—*Med. Times*, Oct. 10.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Insensibility during Surgical Operations produced by Inhalation.—Considerable interest has recently been excited by a report which had become current, that some serious operations had been performed in Boston on patients rendered insensible to pain by the inhalation of a newly discovered gas. In the *Boston Medical and Surgical Journal* for November 18th, we find some account of these operations, by Dr. H. J. Bigelow, the more important portion of which we hasten to lay before our readers.

"On the 16th Oct., 1846, an operation was performed at the hospital," Dr. Bigelow states, "upon a patient who had inhaled a preparation administered by Dr. Morton, a dentist of this city, with the alleged intention of producing insensibility to pain. Dr. Morton was understood to have extracted teeth under similar circumstances, without the knowledge of the patient. The present operation was performed by Dr. Warren, and though comparatively slight, involved an incision near the lower jaw of some inches in extent. During the operation the patient muttered, as in a semi-conscious state, and afterwards stated that the pain was considerable, though mitigated; in his own words, as though the skin had been scratched with a hoe. There was, probably, in this instance, some defect in the process of inhalation, for on the following day the vapour was administered to another patient with complete success. A fatty tumour of considerable size was removed, by Dr. Hayward, from the arm of a woman near the deltoid muscle. The operation lasted four or five minutes, during which time the patient betrayed occasional marks of uneasiness; but upon subsequently regaining her consciousness, professed not only to have felt no pain, but to have been insensible to surrounding objects, to have known nothing of the operation, being only uneasy about a child left at home. No doubt, I think, existed in the minds of those who saw this operation, that the unconsciousness was real; nor could the imagination be accused of any share in the production of these remarkable phenomena."

The process of inhalation and its effects are, according to Dr. Bigelow, as follows:—

"A small two-necked glass globe contains the prepared vapour, together with sponges to enlarge the evaporating surface. One aperture admits the air to the interior of the globe, whence, charged with vapour, it is drawn through the second into the lungs. The inspired air thus passes through the bottle, but the expiration is diverted by a valve in the mouth piece, and escaping into the apartment, is thus prevented from vitiating the medicated vapour. A few of the operations in dentistry, in which the preparation has as yet been chiefly applied, have come under my observation. The remarks of the patients will convey an idea of their sensations.

"A boy of 16, of medium stature and strength, was seated in the chair. The first few inhalations occasioned a quick cough, which afterwards subsided; at the end of eight minutes the head fell back, and the arms dropped, but owing to some resistance in opening the mouth, the tooth could not be reached before he awoke. He again inhaled for two minutes, and slept three minutes, during which time the tooth, an inferior molar, was extracted. At the moment of extraction the features assumed an expression of pain, and the hand was raised. Upon coming to himself he said he had had a "first-rate dream—very quiet," he said, "and had dreamed of Napoleon—had not the slightest consciousness of pain—the time had seemed long;" and he left the chair, feeling no uneasiness of any kind, and evidently in a high state of admiration. The pupils were dilated during the state of unconsciousness, and the pulse rose from 130 to 142.

"A girl of 16 immediately occupied the chair. After coughing a little, she inhaled during three minutes, and fell asleep, when a molar tooth was extracted, after which she continued to slumber tranquilly during three minutes more. At the moment when force was applied she flinched and frowned, rais-

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ing her hand to her mouth, but said she had been dreaming a pleasant dream, and knew nothing of the operation.

"A stout boy of 12, at the first inspiration coughed considerably, and required a good deal of encouragement to induce him to go on. At the end of three minutes from the first fair inhalation, the muscles were relaxed and the pupil dilated. During the attempt to force open the mouth he recovered his consciousness, and again inhaled during two minutes, and in the ensuing one minute two teeth were extracted, the patient seeming somewhat conscious, but upon actually awaking he declared "it was the best fun he ever saw," avowed his intention to come there again, and insisted upon having another tooth extracted upon the spot. A splinter which had been left, afforded an opportunity of complying with his wish, but the pain proved to be considerable. Pulse at first 110, during sleep 96, afterwards 144; pupils dilated.

"The next patient was a healthy-looking, middle-aged woman, who inhaled the vapour for four minutes; in the course of the next two minutes a back tooth was extracted, and the patient continued smiling in her sleep for three minutes more. Pulse 120, not affected at the moment of the operation, but smaller during sleep. Upon coming to herself, she exclaimed that 'it was beautiful—she dreamed of being at home—it seemed as if she had been gone a month.' These cases, which occurred successively in about an hour, at the room of Dr. Morton, are fair examples of the average results produced by the inhalation of the vapour, and will convey an idea of the feelings and expressions of many of the patients subjected to the process. Dr. Morton states that in upwards of two hundred patients, similar effects have been produced. The inhalation, after the first irritation has subsided, is easy, and produces a complete unconsciousness at the expiration of a period varying from two to five or six, sometimes eight minutes; its duration varying from two to five minutes; during which the patient is completely insensible to the ordinary tests of pain. The pupils in the cases I have observed have been generally dilated; but with allowance for excitement and other disturbing influences, the pulse is not affected, at least in frequency; the patient remains in a calm and tranquil slumber, and wakes with a pleasurable feeling. The manifestation of consciousness or resistance I at first attributed to the reflex function, but I have since had cause to modify this view.

"It is natural to inquire whether no accidents have attended the employment of a method so wide in its application, and so striking in its results. I have been unable to learn that any serious consequences have ensued. One or two robust patients have failed to be affected. I may mention as an early and unsuccessful case, its administration in an operation performed by Dr. Hayward, where an elderly woman was made to inhale the vapour for at least half an hour without effect. Though I was unable at the time to detect any imperfection in the process, I am inclined to believe that such existed. One woman became much excited, and required to be confined to the chair. As this occurred to the same patient twice, and in no other case as far as I have been able to learn, it was evidently owing to a peculiar susceptibility. Very young subjects are affected with nausea and vomiting, and for this reason Dr. M. has refused to administer it to children. Finally, in a few cases, the patient has continued to sleep tranquilly for eight or ten minutes, and once, after a protracted inhalation, for the period of an hour.

"The following case, which occurred a few days since, will illustrate the probable character of future accidents. A young man was made to inhale the vapour, while an operation of limited extent, but somewhat protracted duration, was performed by Dr. Dix upon the tissues near the eye. After a good deal of coughing the patient succeeded in inhaling the vapour, and fell asleep at the end of about ten minutes. During the succeeding two minutes the first incision was made, and the patient awoke, but unconscious of pain. Desiring to be again inebriated, the tube was placed in his mouth and retained there about twenty-five minutes, the patient being apparently half affected, but, as he subsequently stated, unconscious. Respiration was performed partly through the tube, and partly with the mouth open. Thirty-five minutes had now elapsed, when I found the pulse suddenly diminishing in force, so much so, that I suggested the propriety of desisting. The pulse continued decreasing in force, and from 120 had fallen to 96. The respiration was very slow, the hands cold, and the patient insensible. Attention was now of course directed to the

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return of respiration and circulation. Cold affusions, as directed for poisoning with alcohol, were applied to the head, the ears were syringed, and ammonia presented to the nostrils and administered internally. For fifteen minutes the symptoms remained stationary, when it was proposed to use active exercise, as in a case of narcotism from opium. Being lifted to his feet, the patient soon made an effort to move his limbs, and the pulse became more full, but again decreased in the sitting posture, and it was only after being compelled to walk during half an hour that the patient was able to lift his head. Complete consciousness returned only at the expiration of an hour. In this case the blood was flowing from the head, and rendered additional loss of blood unnecessary. Indeed the probable hemorrhage was previously relied on as salutary in its tendency.

"Two recent cases serve to confirm, and one I think to decide, the great utility of this process. On Saturday, the 7th Nov., at the Mass. General Hospital, the right leg of a young girl was amputated above the knee, by Dr. Hayward, for disease of this joint. Being made to inhale the preparation, after protesting her inability to do so from the pungency of the vapour, she became insensible in about five minutes. The last circumstance she was able to recall was the adjustment of the mouth-piece of the apparatus, after which she was unconscious until she heard some remark at the time of securing the vessels—one of the last steps of the operation. Of the incision she knew nothing, and was unable to say, upon my asking her, whether or not the limb had been removed. She refused to answer several questions during the operation, and was evidently completely insensible to pain or other external influences. This operation was followed by another, consisting of the removal of a part of the lower jaw, by Dr. Warren. The patient was insensible to the pain of the first incision, though she recovered her consciousness in the course of a few minutes.

"The character of the lethargic state, which follows this inhalation, is peculiar. The patient loses his individuality and awakes after a certain period, either entirely unconscious of what has taken place, or retaining only a faint recollection of it. Severe pain is sometimes remembered as being of a dull character; sometimes the operation is supposed by the patient to be performed upon somebody else. Certain patients, whose teeth have been extracted, remember the application of the extracting instruments; yet none have been conscious of any real pain.

"As before remarked, the phenomena of the lethargic state are not such as to lead the observer to infer this insensibility. Almost all patients under the dentist's hands scowl or frown; some raise the hand. The patient whose leg was amputated, uttered a cry when the sciatic nerve was divided. Many patients open the mouth, or raise themselves in the chair, upon being directed to do so. Others manifest the activity of certain intellectual faculties. An Irishman objected to the pain, that he had been promised an exemption from it. A young man taking his seat in the chair and inhaling a short time, rejected the globe, and taking from his pockets a pencil and card, wrote and added figures. Dr. M. supposing him to be affected, asked if he would now submit to the operation, to which the young man willingly assented. A tooth was accordingly extracted, and the patient soon after recovered his senses. In none of these cases had the patients any knowledge of what had been done during their sleep."

A patent has been taken out for this discovery. This patent, Dr. Bigelow states, bears the name of Dr. Charles T. Jackson, a distinguished chemist, and of Dr. Morton, a skilful dentist of Boston, as inventors—and has been issued to the latter gentleman as proprietor.

We learn from a reliable source that the gas inhaled is pure sulphuric ether.

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National Medical Convention. — The strongest indications are afforded, that the profession throughout the United States will be generally and fully represented in the National Medical Convention, to assemble in Philadelphia on the second Wednesday in May next. The University of Pennsylvania, we rejoice to learn, has acted promptly in the matter, and have appointed Professors Chapman, Jackson and Wood, to represent that venerable institution. This example will stimulate other medical schools to action, which have thus far held back from any participation in the great movement.

The Vermont Medical Society have appointed the following delegates: — Drs.

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Charles Hall, C. W. Horton, A. G. Dana and Dyer Story.

The Philadelphia Medical Society have also appointed delegates.

FOREIGN INTELLIGENCE.

Gun-Cotton. — Xyloidine. — It is rather more than two months since we inserted a notice of a remarkable chemical discovery reported to have been made by Prof. Schönbein, of Basle. We allude to the preparation of cotton so as to give it fulminating properties, and to render it a safe, inexpensive, and simple substitute for gunpowder. We then announced it as probable that the Professor would give a full account of his alleged discovery at the meeting of the British Association at Southampton. To the surprise and disappointment of all scientific men, this meeting was converted into an advertising medium for the so-called gun-cotton; and the Professor declined to give the least intimation respecting the preparation of the substance, as it was his intention to take out a patent for it, and thus render it a commercial speculation. After the noble example of Sir H. Davy, who declined to patent his safety-lamp, we should have thought scientific men would have hesitated before resorting to the patent laws for a pecuniary remuneration; and we certainly think that the British Association committed a grave error in allowing the subject to be brought publicly forward, when there was no intention, on the part of the alleged inventor, to describe the process by which the gun-cotton was prepared.

Within the last week, public attention has been much directed to the subject. It is reported that the German Diet has conditionally awarded 100,000 florins as a reward to the inventor. The *Athenæum* informs its readers that a hundred weight of the gun-cotton is now on its way from Basle to Woolwich, having been ordered by our government with a view of testing its applicability to heavy ordnance.

In the meantime, although it does not appear that Professor Schönbein had divulged his secret, Dr. Otto, Professor of Chemistry in Brunswick, has addressed a letter to the *Hanoverian Gazette*—since published in the *Times*—in which he states that he was led, from the researches of Pelouze, to infer that the cotton was soaked in nitric acid of a certain strength, washed, and dried. Thus the secret of the gun-cotton became at once public. On the 4th of October, Dr. Otto performed certain experiments with his preparation, the results of which satisfied him that it must be identical with the gun-cotton of Schönbein. At a late meeting of the Academy of Sciences, in Paris, M. Arago gave an account of certain experiments performed with prepared cotton by a M. Morel, the results of which satisfactorily showed that it was capable of forming an admirable substitute for gunpowder; and, with all that enthusiasm which characterizes our Gallic neighbours, M. Arago pictured an army entering on a campaign, with a few bales of cotton and a few gallons of nitric acid, making their own explosive cotton as they required it! M. Morel, it is stated, has secured a patent for France; and, so far as we can ascertain, he has acquired his knowledge of the subject independently of any communication from M. Schönbein. The latest intelligence is, that the last mentioned gentleman has procured a patent for England and her colonies.

Having thus given a slight history of what has transpired publicly on this subject, we now propose to consider how far M. Schönbein has a claim to be regarded as the inventor of gun-cotton, assuming that he employs nitric acid like Dr. Otto and M. Morel.

About six or seven years since, it became pretty generally known to the chemists of England, from the researches of M. Pelouze, that when woody fibre, whether as paper, sawdust, or linen, was saturated with strong nitric acid, washed, and dried, its properties were considerably altered. A principle called *xyloidine* was produced; and the woody fibre, although all the acid was washed out of it, burnt rapidly, and often with explosive violence. We saw this experiment made about six years since; but, from that time, the subject appears to have received from chemists no particular notice, until the alleged invention of Schönbein recalled the attention of Dr. Otto and others to the researches of Pelouze.

In various chemical works published in 1842-3, the action of nitric acid on woody fibre is especially mentioned. Thus, in Turner's Chemistry (ed. 1843, p. 1222), it is stated, in reference to woody fibre, "In strong nitric acid sawdust dissolves; and, on the addition of water, a white insoluble powder is deposited, which contains nitric acid, and explodes when heated." In Graham's Chemistry (ed. 1842, p. 295), the facts are

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more explicitly stated, as the following extract will show:—"Nitric acid, in its highest state of concentration, exerts no violent action upon certain organic substances, such as lignin or woody fibre and starch, for a short time, but unites with them, and forms singular compounds. A proper acid for such experiments is procured with most certainty by distilling 100 parts of nitric acid with no more than 60 parts of the strongest oil of vitriol. [These are exactly the proportions recommended by Dr. Otto.] If paper is soaked for one minute in such an acid, and afterwards washed with water, it is found to shrivel up a little, and become nearly as tough as parchment, and, when dried, to be remarkably inflammable, catching fire at so low a temperature as 356°, and burning without any nitrous odour (Pelouze)."

Professor Graham here, it will be seen, gives, in 1842, an outline of Pelouze's discovery, and, by the substitution of cotton for paper, it becomes the so-called discovery of another in 1846!

We shall now give an extract from the Traité de Chimie of M. Dumas. At page 12, tome vi., published in 1843, this author says: "When cloth (either linen or cotton), or a sheet of paper, is soaked for a few minutes in nitric acid of a specific gravity of 1·4, and afterwards washed in water, the xyloidine formed at the expense of a part of the vegetable tissues remains locked up in the fibre, rendering the paper and the cloth impermeable to water, and much more combustible. These properties suggested to M. Pelouze the idea of employing them in the manufacture of cartridges for artillery."*

M. Schönbein may have known nothing of Pelouze's researches: nevertheless, it appears to us clear that Pelouze was the real and original inventor of the process for preparing gun-cotton. His countryman, M. Dumas, informs us that he even announced the plan of applying these substances to the very purpose for which M. Schönbein has taken out a patent.

* Lorsqu'on trempe pendant quelques minutes un morceau de toile ou une feuille de papier dans l'acide azotique à 1·4 de densite, puis ensuite dans l'eau, la xyloidine formée aux dépens d'une partie des membranes végétales, reste interposée et rende le papier et la toile impermeable à l'eau, et beaucoup plus combustibles, propriétés qui ont suggéré à M. Pelouze l'idée d'appliquer ces enveloppes à la confection des gargousses pour l'artillerie.

With respect to the process for preparing this substance, we have found that the acid best adapted for the purpose is that recommended by Pelouze. It is obtained by distilling ten parts of dry nitre with six of sulphuric acid: and it is strictly speaking the acidum nitrico-nitrosum. The cotton wadding should be thoroughly steeped in this acid for about three minutes, then plunged into water, and washed under a current, until litmus paper is no longer reddened by the washings. The cotton should be well squeezed in a cloth—picked out and gently dried before a fire. It requires some time to dry a mass of it thoroughly; since the porous material is very retentive of water. When at all humid it burns slowly and without explosion. When dry it burns suddenly with a bright yellow flame, a feeble detonation, and leaves no residue. Compared with its bulk its explosive properties do not appear remarkable; but when compared with its weight they are greater than those of gunpowder. The explosion is less rapid than that of the fulminating compounds of the metals; but more rapid than that of gunpowder. When well prepared it explodes at a very moderate heat (about 420°), gives off scarcely any visible smoke, and leaves no residue. This substance has a great advantage over gunpowder in the fact that when well prepared the whole of it is dissipated in gas—carbonic acid and nitrogen. With gunpowder there is always a residue of carbon and sulphuret of potassium,—the latter tending to corrode the metal. Experiment only can determine the relative gas-producing powers of the two substances. The gun-cotton may be inflamed over gunpowder without igniting it. There is nothing extraordinary in this: hydrogen may be inflamed in contact with gunpowder without kindling it, and a small quantity of alcohol may be burnt over it with a like negative result. Gunpowder requires a red heat for its ignition, and unless one particle of the mass reaches this temperature it does not explode. There can be no doubt that the gun-cotton explodes at a much lower temperature than gunpowder, and as percussion will produce the same effect as heat, it should be cautiously handled when thoroughly dry.*

* In two experiments since made with a mercurial bath, gun-cotton exploded at 425°; but gunpowder did not explode until the thermometer rose to 545°.

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It is altogether a remarkable substance; and may, upon trial, entirely supersede gunpowder. Should this be the case, it may have the effect of rendering nitric acid cheaper and more abundant, since the employment of nitre for the manufacture of gunpowder would be no longer necessary.

We have prepared this substance with the strongest nitric acid 1·52,—with the acid at 1·4, distilled as above stated, and with a mixture of nitric and sulphuric acids; but, according to our experiments, the most certain and satisfactory process is that above described. The cotton is undoubtedly highly oxygenized, and it may be worth inquiring, whether in a highly dried condition it may not be liable, in masses, to spontaneous combustion. It might be hazardous to keep a large store of it completely dried. The presence of a very small quantity of moisture is sufficient to counteract its explosive properties; and as cotton from its porousness is very hygrometric, it will be proper to consider how far this property may interfere with its employment as a substitute for gunpowder. If it be true, as it is reported, that the government have ordered a hundred weight of this substance from Basle, in Switzerland, the cost of transport will far outweigh the cost of the materials. This quantity might have been made at Woolwich under the superintendence of M. Schönbein, and rendered fit for use at a small expense in the course of a few hours.

In conclusion we shall observe, that although we think the merit of the discovery is due to M. Pelouze, yet M. Schönbein deserves credit for having at least called public attention to the subject. He has, however, been the involuntary means of making the practical value of M. Pelouze's researches well known. His secret has transpired in spite of his attempt to conceal it. *Suum cuique.*—*Lond. Med. Gaz.*, Oct. 23, 1846.

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Tannate of Iron in Chlorosis.—M. Benedetti considers that the tannate of iron (ink) is one of the best remedies in the treatment of chlorosis. The dose may be from about eight to thirty grains daily; and the patient commonly recovers in from twelve to twenty-five days.

The tannate of iron employed by him is prepared by dissolving iron filings in dilute sulphuric acid, precipitating by carbonate of soda, so as to obtain a pure carbonate of iron. Forty-four parts of this carbonate, in a state of dry powder, are to be added to nine parts of pure tannic acid, dissolved in boiling water. The mixture is stirred and evaporated until the tannate is obtained as a dark, insipid, uncrystalline compound. It may be given suspended in syrup, or in the form of pills.—*Lond. Med. Gaz.*, from *Gaz. Méd.*, Oct. 10.

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French Medical Students.—By a decree just issued from the University of France, it has been ordered that, after the 1st of November, 1846, all medical students shall undergo an examination at the end of each of the three years of study. In the first year, on physics, chemistry, and natural history; in the second year, on anatomy and physiology; and in the third year, on pathology. There will be three examiners, and four students at each examination. The examinations will take place between the 15th of July and the 1st of August, and any student who fails to satisfy his examiners, cannot again present himself until the following November. Unless he then passes, his ticket for the ensuing quarter will be withdrawn. If again rejected in November, he must resume his studies for a year.—*Ibid.*

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A point of Diagnosis between Rubeola and Scarlatina.—It occasionally happens that there is some difficulty in diagnosing the eruption of scarlet fever from that of rubeola, for in the former affection the rash, instead of being, as it usually is, uniformly diffused, occasionally occurs in minute red points and spots, not unlike those of measles. In such cases, when there is difficulty in deciding which disease a particular patient is labouring under, M. Chomel is in the habit of forming his diagnosis by an examination of the sputa. In rubeola, the sputa are invariably, he says, opaque nummular masses, of a grayish colour, and floating in an abundant liquid. At first sight, they closely resemble the sputa of patients in the second stage of phthisis, yet differ from them in the fact, that the liquid in which they float is turbid and milky, whilst that in which the sputa of phthisical patients float is clear and transparent.—*Lond. Med. Gaz.*, Oct., from *Encyclop. des Sci. Méd.*, March, 1846.

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Galvanic Puncture in Aneurism.—Galvano-puncture has now been used for the treatment of aneurism in eight cases. A

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sufficient time has not, however, as yet elapsed to permit us to form a positive opinion as to its real value. Its discovery is claimed by Dr. PETREQUIN, of Lyons, but, it seems, erroneously. In a paper published in Jan., 1832, Mr. B. Phillips adverted to the possibility of applying electricity to the treatment of aneurism, and, at a date we are not acquainted with, operated on a patient at Westminster Hospital for aneurism of the subclavian; but before any result could be obtained, the patient was persuaded to have ligature performed. Mr. Keate, of St. George's Hospital, also applied the method in a case of disease of the carotid artery, and sanguine hopes were entertained, when the patient died from rupture of the aorta. The right subclavian was tied on the 18th of July, 1838, by Mr. Liston, at University College Hospital, in a case which drew from the professor the following remarks:—"Mr. Liston had seen this case six or eight weeks before, at a period when the patient was about entering into another hospital for the purpose of having the tumour treated by galvanism. The mode in which this was conducted consisted in *the passing of large needles through the tumour; to these needles wires were attached which communicated with a galvanic battery.* It was said that one case of aneurism had been cured by this mode of treatment, and in this case the tumour had become firmer for a time; soon, however, the application ceased to exert any influence, and the tumour began again to increase in size. The man got tired of the proceeding, and made application to University College Hospital." Neither the first indication of the method nor its first application belongs therefore to M. Petrequin, who employed it for the first time, and successfully, on the 4th of August, 1845, in a case of traumatic aneurism of the temporal artery. As to the advantages of the operation over ligature, considerable doubt may be entertained, for two reasons—1. Because gangrene of the skin has been already three times produced by the action of the galvanic fluid; and mortification of the envelopes of an aneurism is, it will be acknowledged, far from desirable. 2. Because in M. Petrequin's case of brachial aneurism, and in two of the cases of popliteal tumour, the arteries do not appear to have been permanently obliterated—a circumstance which must of course warrant a certain degree of anxiety with regard to the solidity of the cure.—*Med. Times*, Oct. 10.

On the Types of Intermittent Fevers.—M. NEPPLE has endeavoured to determine under what circumstances intermittent fevers may manifest a quotidian, tertian, or quartan type. It would appear that the relative frequency of these types varies with the latitude. Out of 3,114 cases of fever treated at Bona and Algiers,—and out of 954 cases treated in the Canton of Monthiel (Ain), the types were as follows:

	Bona and Algiers.	Ain, France.
Quotidian fevers . .	2,181	443
Tertian	901	420
Quartan	32	91

All medical writers who have written on fever, as it exists in northern climates, agree in regarding the tertian as the most common type; while the above facts prove that the quotidian is more frequent in warmer latitudes. The quotidian type, according to M. Nepple, occurs most frequently in warm years, while the tertian form is, on the other hand, most frequent in cold years. The quotidian type of fever appears to be less dependent on marsh miasmata than on accessory circumstances.—*Gaz. Méd.*, from *Lond. Med. Gaz.*, Sept. 1846.

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Progress of Cholera.—News received from Teheran up to the 19th ult. inform us that the cholera had lost much of its severity in that town, but that it was spreading in two different directions—towards the east and towards the south. It was making great ravages at Kavine and Zenginan, and at the same time at Koum and Cachan. At Tauris the appearance of the scourge was daily expected, and it was even affirmed that it had appeared within forty leagues of the town. The ravages at Teheran had been on the whole less severe than they were in 1835.—*Med. Times*, Oct. 10.

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London Phrenological Society.—This society has ceased to exist, and its property has been sold.

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Obituary Record.—Died, at Edinburgh, on the 11th of October, Dr. JOHN THOMSON, late Professor of General Pathology in the University of Edinburgh, aged 81 years.

——, at Paris, Dr. AUGUSTE BERARD, Professor of Clinical Surgery in the Faculty of Medicine at Paris.

——, at Paris, CHARLES DEROSNE, a member of the Royal Academy of Medicine, well known by his researches in organic chemistry.

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